



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

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Adirondack Health Institute, Inc. (PPS ID:23)

Quarterly Report - Implementation Plan for Adirondack Health Institute, Inc.












Year and Quarter: DY1, Q4

Quarterly Report Status:  Adjudicated

Status By Section

Section	Description	Status
Section 01	Budget	 Completed
Section 02	Governance	 Completed
Section 03	Financial Stability	 Completed
Section 04	Cultural Competency & Health Literacy	 Completed
Section 05	IT Systems and Processes	 Completed
Section 06	Performance Reporting	 Completed
Section 07	Practitioner Engagement	 Completed
Section 08	Population Health Management	 Completed
Section 09	Clinical Integration	 Completed
Section 10	General Project Reporting	 Completed
Section 11	Workforce	 Completed

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	 Completed
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	 Completed
2.a.iv	Create a medical village using existing hospital infrastructure	 Completed
2.b.viii	Hospital-Home Care Collaboration Solutions	 Completed
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	 Completed
3.a.i	Integration of primary care and behavioral health services	 Completed
3.a.ii	Behavioral health community crisis stabilization services	 Completed
3.a.iv	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs	 Completed
3.g.i	Integration of palliative care into the PCMH Model	 Completed
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	 Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic	 Completed



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Status By Project

Project ID	Project Title	Status
	diseases that are not included in domain 3, such as cancer	



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Adirondack Health Institute, Inc. (PPS ID:23)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Budget table was left for ease of reference during reporting.

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	28,197,054	30,048,792	48,592,667	43,028,621	28,197,054	178,064,187
Cost of Project Implementation & Administration	10,235,673	12,371,985	15,585,991	9,884,472	5,340,351	53,418,472
Administration	4,230,800	4,430,000	4,492,800	4,624,434	4,760,017	22,538,051
Implementation	6,004,873	7,941,985	11,093,191	5,260,038	580,334	30,880,421
Revenue Loss	1,335,088	4,005,319	13,359,421	15,583,627	10,235,673	44,519,128
Internal PPS Provider Bonus Payments	2,670,175	6,764,538	8,460,967	10,418,768	10,858,714	39,173,162
Cost of non-covered services	890,059	1,780,142	2,671,884	2,671,479	890,058	8,903,622
Other	4,094,269	6,052,482	9,351,594	7,391,092	5,160,366	32,049,803
Sustainability Fund	712,047	4,272,340	4,987,517	2,849,578	1,424,093	14,245,575
Innovation Fund	0	0	2,671,884	3,116,725	3,115,205	8,903,814
Contingency Fund	3,382,222	1,780,142	1,692,193	1,424,789	621,068	8,900,414
Total Expenditures	19,225,264	30,974,466	49,429,857	45,949,438	32,485,162	178,064,187
Undistributed Revenue	8,971,790	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

"The budget below does not vary in total from the application submission. We have provided further breakdown by providing additional subcategories in the 06012015 submission. We have included a line titled ""hold back for timing of funds flow"" to reflect the actual cash flow timing. As the PPS develops detailed project plans as outlined in this implementation plan, we anticipate that there will be modifications to the timing of the budget costs across the 5 year period and also modifications the budget costs category amounts.

The MAPP tool did not allow entry of negative values - the value in DY5 row labeled "other" in the amount of 2,242,947 is a negative amount.



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Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

Please include updates on budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
28,197,054	178,064,187	23,209,170	173,076,303

Budget Items	DY1 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	4,104,471	4,987,884	5,247,789	51.27%	48,430,588	90.66%
Administration	805,352					
Implementation	3,299,119					
Revenue Loss	0	0	1,335,088	100.00%	44,519,128	100.00%
Internal PPS Provider Bonus Payments	0	0	2,670,175	100.00%	39,173,162	100.00%
Cost of non-covered services	0	0	890,059	100.00%	8,903,622	100.00%
Other	0	0	4,094,269	100.00%	32,049,803	100.00%
Sustainability Fund	0					
Innovation Fund	0					
Contingency Fund	0					
Total Expenditures	4,104,471	4,987,884				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :



**New York State Department Of Health
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Adirondack Health Institute, Inc. (PPS ID:23)

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.3 - PPS Flow of Funds (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Funds Flow table was left for ease of reference during reporting.

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	28,197,054	30,048,792	48,592,667	43,028,621	28,197,054	178,064,187
Practitioner - Primary Care Provider (PCP)	1,316,915	2,725,139	4,957,900	5,283,276	3,976,534	18,259,764
Practitioner - Non-Primary Care Provider (PCP)	431,290	892,483	1,623,712	1,730,273	1,302,315	5,980,073
Hospital	3,374,595	6,983,169	12,704,619	13,538,396	10,189,867	46,790,646
Clinic	474,089	981,050	1,784,844	1,901,980	1,431,552	6,573,515
Case Management / Health Home	156,384	323,610	588,751	627,389	472,213	2,168,347
Mental Health	1,514,452	3,133,910	5,701,585	6,075,768	4,573,014	20,998,729
Substance Abuse	543,227	1,124,120	2,045,134	2,179,352	1,640,320	7,532,153
Nursing Home	576,150	1,192,248	2,169,082	2,311,433	1,739,733	7,988,646
Pharmacy	9,877	20,439	37,184	39,625	29,823	136,948
Hospice	0	0	0	0	0	0
Community Based Organizations	592,612	1,226,313	2,231,055	2,377,474	1,789,440	8,216,894
All Other	0	0	0	0	0	0
PPS PMO	10,235,673	12,371,985	15,585,991	9,884,472	5,340,351	53,418,472
Uncategorized						0
Total Funds Distributed	19,225,264	30,974,466	49,429,857	45,949,438	32,485,162	178,064,187
Undistributed Revenue	8,971,790	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

The PPS and PPS Lead Administration costs from the Project Plan Application are shown in the "All Other" Item below.



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Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



**New York State Department Of Health
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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY

Instructions :

Defunct Module - Please refer to the 'DY1 Q4 Module 1.4 Ongoing Funds Flow PIT Report' on the Reports page under the PPS Reports tab to view your quarterly flow of funds reporting based on your PIT file.

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
28,197,054	178,064,187	28,197,054	178,064,187

Funds Flow Items	DY1 Q4 Quarterly Amount - Update	Total Amount Disbursed	Percent Spent By Project	DY Adjusted Difference	Cumulative Difference
			Projects Selected By PPS		
Total Funds Distributed	0	0			

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
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Adirondack Health Institute, Inc. (PPS ID:23)

✔ IPQR Module 1.5 - Prescribed Milestones

Instructions :

Please provide updates to baseline target dates and work breakdown tasks with target dates for required milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	In Progress	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples.	Completed	1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories).	Completed	2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan.	Completed	3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	4. Develop the funds flow approach and distribution plan with	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Develop the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories.		drivers and requirements for each of the funds flow budget categories.							
Task 5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input.	In Progress	5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Revise plan based on consultation and finalize; obtain approval from Finance Committee.	In Progress	6. Revise plan based on consultation and finalize; obtain approval from Finance Committee .	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee.	In Progress	7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee.	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements.	Not Started	8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements.	01/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners.	Not Started	9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners.	01/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds.	Not Started	10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds.	01/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	AHI PPS worked extensively during DY1 Q4 to develop a funds flow budget and distribution plan, and communications plan with the AHI PPS network. At the close of DY1 Q4, the plan has not been finalized, or rolled out. The PPS anticipates finishing the plan during DY2 Q1, and has moved the milestone end date to reflect the change.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	



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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.7 - IA Monitoring

Instructions :



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 8. Communications are issued to PPS partners and stakeholders to announce final Governance.	Completed	Announce final Governance	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 9. Members of the PPS Executive Governing Body are installed.	Completed	Install members of Executive Governing Body	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Members of the PPS Committees are installed.	Completed	Members installed to PPS Committees	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 1. Adirondack Health Institute (AHI) convenes key stakeholders including Adirondacks ACO, Adirondack Medical Home Initiative, OneCare Vermont, and others to develop regional strategy for Population Health Management governance & capabilities.	Completed	Convene key stakeholders	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Adirondack Health Institute (AHI) works with NYS DOH to secure approval of AHI as a Safety Net under DSRIP	Completed	Safety Net approval	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Review AHI governance structure & by-laws to	Completed	Review Governance structure and by-laws	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
determine adequacy for DSRIP governing purposes.									
Task 4. Subsequent to the release of Funds Flow/Governance Requirements/Guidance from NYS DOH, AHI obtains legal consult to determine what Governance options remain feasible.	Completed	Obtain legal consult	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Tools/resources are prepared to support decision-making on Governance: visual representations, slides, pros/cons. Materials include descriptions of sub-committees: name, size, function. Materials depict overlap with existing organizations, such as the Adirondacks ACO and Adirondack Medical Home Initiative, and opportunities for integration and/or alignment.	Completed	Tools and resources to support Governance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. AHI PPS Interim Steering Committee & Regional Health Innovation Team leaders take part in facilitated discussion of Governance options, including ownership, authority, and sub-committee structure, and provide feedback for consideration by AHI Members and Board.	Completed	Discuss Governance with Steering Committee and Regional Health Innovation Teams	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. AHI Board endorses the Governance Model; AHI Members provide final approval of the selected Governance model.	Completed	Final approval	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Charter is drafted for the Clinical Governance & Quality Committee.	Completed	governance and quality charter draft	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	convene governance and quality committees	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
2. Clinical Governance & Quality Committee is convened; members review draft charter and proposed structure for clinical quality oversight of all projects.									
Task 3. Clinical Governance & Quality Committee members review current Project Team and Regional Health Innovation Team structure and determine how to communicate with, and utilize, these structures to support Quality Committee functions.	Completed	Review project team and RHIT structures	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Clinical Governance & Quality Committee charter and project level structure is finalized.	Completed	finalize charter and project level structure	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Clinical Governance & Quality Committee endorses workplan (prepared by PMO) for the identification & adoption of standard evidence-based protocols for each Domain 3 project and others as needed.	On Hold	endorse workplan for standard protocols for projects	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Communication plan is put in place to engage staff in the process of identifying & adopting evidence-based protocols; and to ensure protocols (once adopted) are disseminated throughout the PPS.	On Hold	Communication plan for protocols	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Plan is established to monitor implementation of evidence-based protocols, including methods of measuring adherence to protocols and providing feedback to persons responsible for oversight at each partner organization.	On Hold	plan established to monitor implementation of protocols	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 8. On-going meeting schedule is issued to meet workplan deliverables.	Completed	meeting schedule issued for workplan deliverables	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Clinical Governance & Quality Committee	Completed	develop final measures for monitoring quality	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
reviews established metrics for monitoring performance & quality and develops final measures set.									
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Obtain legal consult and develop the PPS Governance Bylaws.	Completed	disseminate policies and procedures	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. PPS Executive Governance Body Meets: adopts bylaws and identifies key policies necessary for PPS	Completed	review and adopt policies	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Policies are drafted, include: compliance, dispute resolution, and policies regarding partner participation in the PPS.	Completed	develop by-laws	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. PPS Executive Governance Body meets to review & adopt policies.	Completed	identify key policies	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Policies and procedures are disseminated and communicated across the PPS.	Completed	draft policies	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. PPS recruits Director of the Project Management Office & project management staff.	Completed	recruit director of PMO	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. PPS Contracts with vendor for Project Management tool to support monitoring and reporting of progress at the workstream, and project, levels.	Completed	Contract with vendor for PM tool	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	timeline and workplan for PM tool established	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
3. Workplan & Timeline for Project Management Tool Implementation is established.									
Task 4. Monitoring and Reporting flowchart is developed, depicting the flow of information from reports/dashboards to PPS Sub-Committees and Board.	Completed	Information flow chart developed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Director of PMO works with Project Management Tool vendor to coordinate alignment with DOH reporting requirements.	Completed	Align Reporting Requirements	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. There will be a need to monitor and report on progress in advance of Project Management Tool implementation, as such, the PMO will put in place an interim plan (and the necessary tools) for monitoring & reporting.	Completed	Monitoring/Reporting	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. PPS Partners and stakeholders are provided with "role-appropriate" access to dashboards & reports.	Completed	Dashboards	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Governance Communications flowchart is developed, depicting the flow of information amongst the various PPS Committees and Executive Governance Body.	Completed	Flowchart	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Committee standing agendas are established, with each receiving regular reports from other committees as relevant.	Completed	Agendas	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Governance Communications Strategy is developed, including use of a secure electronic platform for sharing of agendas and minutes among various governance bodies as appropriate to their functions & authorities.	Completed	Governance Communications Strategy	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #5	Completed	Community engagement plan, including plans for two-way	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO



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Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)		communication with stakeholders.							
Task 1. Develop position description & recruit Community Engagement Manager. This position is responsible for CBO outreach and engagement, overall and specifically in relation to Project 2di.	Completed	Community Engagement Manager (Jessica Chanese) hired 6/22/2015.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Identify community based organizations that address the social determinants of health (employment, transportation, housing, legal, etc.)	Completed	Identify CBOs	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Invite CBOs to participate in Regional Health Innovation Team meetings and project teams.	Completed	Invite to Meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop schedule of communications and events to stimulate CBO participation in DSRIP projects/activities AND to promote relationship building between health care provider organizations and CBOs. Coordinate these events in conjunction with the Adirondack Rural Health Network and the Population Health Improvement Program.	Completed	Communications Schedule	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Provide resources (including speakers) to CBOs to educate them on Medicaid redesign and DSRIP and the role CBOs can play in improving population health.	Completed	Provide Resources	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify appropriate committees for CBO representation, including Finance	Completed	Identify committees	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. AHI will host planning meetings and invite CBOs from the nine county area to engage them in the PPS	Completed	Planning meetings	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process	Completed	Distribution list	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Determine a path for funds flow to CBOs as most are not safety net providers.	Completed	Fund Flow	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Work with CBOs providing services that support DSRIP projects including Healthy Heart Network (tobacco cessation), Adirondacks ACO, Hospices, county mental health associations, prevention councils, churches, homeless shelters, and others to determine desired participation level.	Completed	Work with CBOs	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Negotiate and draft partnership agreements with key CBOs	Completed	Partnership Agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Sign partnership agreements	Completed	Sign Agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Building on existing partnerships and relationships, AHI will identify all appropriate agencies in the AHI PPS service area	Completed	Identify Agencies	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AHI will host planning meetings and invite	Completed	Host Meetings	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
agencies from the nine county area to engage them in the PPS									
Task 3. AHI will create a DSRIP information distribution list that will include all public sector agencies such as Community Service Boards, Offices for the Aging, Public Health, disability agencies, and others to engage and inform them	Completed	Distribution List	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Recruit participants from the various public agencies to be part of, and possibly take a leadership role in, the PPS planning and leadership structure including AHI's Regional Health Innovation Teams (RHITs) and the PPS Steering Committee	Completed	Recruit Participants	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop an action plan for coordinating agency activities with the AHI PPS for discussion, review, and adoption by the Agencies and Municipal Authorities	In Progress	Action Plan	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Employee Engagement Work Group will utilize information on the key stakeholder organizations and ask organizations to identify one key contact person whose responsibility it will be to receive updates and communications regarding DSRIP and determine the best mode of dissemination to their organization.	Completed	Key Contact	07/01/2015	03/31/2016	07/01/2015	03/17/2016	03/31/2016	DY1 Q4	
Task 2. Employee Engagement Work Group will identify communication needs and required key messages to employee groups, as well as the available communication channels that can be	Completed	Identify Needs	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
utilized for stakeholder engagement.									
Task 3. Employee Engagement Work Group will develop Workforce Communication and Engagement Strategy: Establish the vision, objectives and guiding principles as a means to engage key stakeholders, reviewed by Workforce Committee leadership and signed off by the executive body of the PPS.	Completed	Develop Strategy	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Employee Engagement Work Group will develop Workforce Communication & Engagement Plan: Outline objectives, principles, target audience, channel, barriers and risks, milestones, and measuring effectiveness; reviewed by the Workforce Committee leadership and signed off by the executive body of the PPS.	Completed	Develop Plan	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 6. Sign partnership agreements.	Completed	Sign Agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1. AHI will host planning meetings and invite CBOs from the nine county area to engage them in the PPS.	Completed	Planning meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process.	Completed	Distribution list	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Determine a path for funds flow to CBOs as most are not safety net providers.	Completed	Funds Flow	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Work with CBOs	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Work with CBOs providing services that support DSRIP projects including Health Heart Network (tobacco cessation), Adirondacks ACO, Hospices, community mental health associations, prevention councils, homeless shelters, and others to determine appropriate participation level.									
Task 5. Negotiate and draft partnership agreements with key CBOs	Completed	Partnership Agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize governance structure and sub-committee structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.
Finalize bylaws and policies or Committee Guidelines where applicable	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	dlarose	Templates	23_MDL0203_1_4_20160420143403_Governance_Committee_Member_Template_-_All.xlsx	Governance Committee Member Template	04/20/2016 02:34 PM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415111530_Community_and_Beneficiary_Engagement_Committee_Meeting_Schedule.xlsx	Community & Beneficiary Engagement Committee	04/15/2016 11:15 AM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415111355_Committee_Meeting_Schedule_Template_-_Workforce.xlsx	Workforce Committee	04/15/2016 11:13 AM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415111253_Committee_Meeting_Schedule_Template_-_Steering.xlsx	Steering Committee	04/15/2016 11:12 AM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415111149_Committee_Meeting_Schedule_Template_-_Network.xlsx	Network Committee	04/15/2016 11:11 AM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415110931_Committee_	IT & Data Sharing Committee	04/15/2016 11:09 AM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			Meeting_Schedule_Template_-_IT_&_Data_Sharing.xlsx		
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415110801_Committee_Meeting_Schedule_Template_-_Finance.xlsx	Finance Committee	04/15/2016 11:08 AM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415110353_Committee_Meeting_Schedule_Template_-_Clin_Gov_&_Quality.xlsx	Clinical Governance & Quality Committee	04/15/2016 11:03 AM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	leebrad	Other	23_MDL0203_1_4_20160419083825_CE_Template_DY1_Q4_Governance_Milestone_5.xlsx	Community Engagement Template	04/19/2016 08:38 AM
Finalize partnership agreements or contracts with CBOs	dlarose	Meeting Materials	23_MDL0203_1_4_20160422154723_CBO_Meeting_Schedule_Template_Q4_Milestone_6.xlsx	CBO Meeting Schedule Template	04/22/2016 03:47 PM
Finalize workforce communication and engagement plan	dlarose	Other	23_MDL0203_1_4_20160614105235_Remediation_Narrative_Gov_8.docx	Gov 8 Remediation Narrative	06/14/2016 10:52 AM
	leebrad	Communication Documentation	23_MDL0203_1_4_20160610090257_Final_Workforce_Communication_Engagement_Plan_Revised_6_16.pdf	WKFC Communication Engagement Plan, revised	06/10/2016 09:02 AM
	leebrad	Rosters	23_MDL0203_1_4_20160610090057_AHI_PPS_Workforce_Committee_Template.pdf	Workforce Committee Member Template	06/10/2016 09:00 AM
	leebrad	Other	23_MDL0203_1_4_20160415160223_2.1.2016_Employee_Engagement_Overview.docx	Employee Engagement Overview	04/15/2016 04:02 PM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415160135_7_3.2.2016_Meeting_Overview.pdf	Meeting overview	04/15/2016 04:01 PM
	leebrad	Meeting Materials	23_MDL0203_1_4_20160415155857_5_Final_Workforce_Communication_Engagement_Plan.pdf	Workforce Communication Engagement Plan	04/15/2016 03:58 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	No changes noted in this quarter.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	All potential partners, including CBO's, received the Terms of Participation. Signed agreements have been returned by approximately 60 CBO's as of 3/31/2016. Terms of Participation are the precursor to finalized Partnership Agreements which will be finalized in 2016. Finalized Partnership agreements will substantiate milestone completion, so milestone and task dates have been aligned accordingly.
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	The Employee Engagement Work group developed the Workforce Communication and Engagement Plan which was reviewed and approved by the Workforce Committee and Steering Committee prior to the target date of 3/31/2016.
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Complete	



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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✓ IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

With more than 100 partners, AHI faces challenges with developing an effective governance structure that ensures excellence in stewardship, oversight, and representation.

The three risks to governance are:

- Loss of participation of safety net leaders in governing the PPS network due to increased demands on them to lead their own organizations in addition to the region's ACO, Medical Home Initiative, and Health Home.
- Active participation of key stakeholders including hospital, physician, behavioral health, long-term/home health and community benefit leadership.
- Trust by key stakeholders.

These risks will be mitigated by:

- Working collaboratively with leadership of the Adirondack ACO, Adirondack Medical Home, and other stakeholders to develop a governance structure that meets the needs of AHI's Health Home and Population Health Improvement Program that aligns with the ACO, Medical Home, and PPS initiative.
- Compensating clinical leaders' time.
- Ensuring meetings are warranted and time is used efficiently.
- Development and execution of a network communication strategy to include open forums, the MIX platform, and website.

✓ IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The Governance Workstream is perhaps the most dependent on other Workstreams, each of which supports the overarching responsibility of the Governance to lead the PPS. The PPS will be successful to the extent that governing bodies can rely on high quality data and analytics made available through a well-designed IT infrastructure. This infrastructure will produce information necessary to perform cost/benefit analyses and estimates of ROI, which the Board can rely on to make important decisions on the allocation of resources and strategic direction of the PPS. The Finance Workstream supports Governance through effective and credible funds flow management. This Workstream is key to partner engagement in the PPS, as the commitment funds serves both as an incentive and a tool to ameliorate negative impacts of healthcare transformation on some types of provider organizations. Workforce development is also central: no plan or model can succeed without strong relationships with unions and



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workers, and a workforce that has the skills and capacity to meet the needs of the changing healthcare delivery system. Finally, provider/partner engagement is vital, as the leadership resources that partners bring to the table will be the driving forces in the development of and compliance with evidence-based protocols. Without provider leadership, the PPS will be hampered in efforts to achieve the high levels of coordination and clinical integration that are necessary for the system to operate under new models of care and achieve quality goals.



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✔ IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Lead Applicant/Entity	AHI, Cathy Homkey CEO	Fiduciary responsibility; provide funding and staff resources; develop governance structure, bylaws, and policies; establish the project management office (staff, tools, processes)
Population Health Management Partner	ADK ACO, Karen Ashline	Board & Committee members. Partner with the PPS in Governance and IT Development; partner to align Clinical Governance & Quality with related initiatives (Medical Home, Health Home, MSSP, etc.); partner in development of regional PHM capabilities
Major hospital partners	Glens Falls Hospital, Adirondack Health, Champlain Valley Physician Hospital, St Lawrence Health System, Nathan Littauer Hospital (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums)	Board and Committee members, project implementations, EBM protocol development, clinical leadership
Physician organizations and large practices	Hudson Headwaters Health Network, Plattsburgh Physician Group, North Country Physicians Organization (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums)	Board and Committee members, project implementations, EBM protocol development, physician leadership
County Mental Health Departments	Rob York, DCS Warren-Washington County; Peter Trout, DCS Clinton County; Steve Valley, DCS Essex County, are the most active, all 9 County DCS are involved to varying degrees.	Board and Committee members, project implementations, EBM protocol development, behavioral health leadership



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✔ Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Health Home Care Management Agencies (AHI is Lead Health Home; care management agencies listed are downstream providers of Health Home services)	Alliance for Positive Health Behavioral Health Services North Citizen Advocates/ Northstar Behavioral Health Essex County Mental Health Services Glens Falls Hospital HCR Home Care Hudson Headwaters Health Network Mental Health Association in Essex County UVM Health Network- Champlain Valley Health Network Warren-Washington Association for Mental Health Community Maternity Services United Helpers/Mosaic United Helpers/ACT Hamilton County Community Services	Care Management Protocols and Procedures, Project Implementations
Community-Based Organizations	Offices for the Aging, NYConnects, Mental Health Associations & Alliances, Consumer and Peer Groups, Churches, YMCAs, Civic groups	Align projects with county plans and initiatives; participate in some project implementations
External Stakeholders		
Key advisors, counselors, attorneys, consultants	Manatt, Phelps & Phillips, LLP, The Advisory Group, The Chartis Group, CohnReznick	Drafts governance documents, provider agreements, policies and procedures, contracts, etc.



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✅ IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

The AHI PPS is putting in place the shared IT infrastructure that will support communication and decision-making across the PPS Board and sub-committees. The Governance will rely on a secure electronic platform for sharing of meeting agendas and minutes, with the appropriate role-based access to such documents. Additionally, all PPS partners will have ready access to a tool for sharing information on project progress. This IT infrastructure will enable the PPS to readily produce progress reports and make visible the PPS' progress against milestones, thus allowing the PPS to achieve a level of transparency with key stakeholders that is necessary for on-going trust and support of the providers and communities served. Overall, the expectation is that IT will support the necessary two-way communication across committees, partners, and teams.

✅ IPQR Module 2.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The success of Governance Workstream is measured by progress against a set of required milestones, including the timely creation of the structures (BOD and Committees), populating such structures with the appropriate members, the formal adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow the PPS to begin operation. Progress is also measured by the successful implementation of project management and performance monitoring systems (including data collection, analyses and reporting) to support decision-making.

IPQR Module 2.9 - IA Monitoring

Instructions :



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Section 03 – Financial Stability

✔ IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules.	Completed	1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance.	Completed	2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees.	Completed	3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee.	Completed	4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Define the Roles and Responsibilities of the PPS Lead and Finance function and document in a Business Office Plan.	Completed	5. Define the Roles and Responsibilities of the PPS Lead and Finance function and document in a Business Office Plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS Lead and Finance function and document in a Business Office Plan.									
Task 6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment.	Completed	6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Recruit and populate open positions and train members of the Finance Office.	Completed	7. Recruit and populate open positions and train members of the Finance Office.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary.	Completed	8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base.	Completed	1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee.	Completed	2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view.	Completed	3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan.	Completed	4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix.	Completed	5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues.	Completed	6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics.	Completed	7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed.	Completed	8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Accumulate and review results of Current	Completed	9. Accumulate and review results of Current State Financial Assessment and Project Impact Assessment returned from	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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State Financial Assessment and Project Impact Assessment returned from providers. Reach out to providers that did not respond and follow up on any information that does not appear to be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014.		providers. Reach out to providers that did not respond and follow up on any information that does not appear to be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014.							
Task 10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee.	On Hold	10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee.	02/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues.	Completed	11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive	On Hold	12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive	02/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



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Committee.									
Task 13. Develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements as part of progressive sanctions by the PPS.	Completed	13. Develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements as part of progressive sanctions by the PPS.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk.	Completed	14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 15. Obtain approval of Finance Committee and other oversight as documented in governance documents.	Completed	15. Obtain approval of Finance Committee and other oversight as documented in governance documents.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans.	Completed	16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase.	Completed	17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider.	Completed	18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials.	Completed	19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	Completed	1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	Completed	2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period.	Completed	3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider.	Completed	4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d.	Completed	5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement.	Completed	6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 09/30/2016. Value-based payment plan, signed off by PPS board.	09/01/2015	03/31/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
Task 1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3.	Completed	1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	Completed	2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary.	Completed	3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	Completed	3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads.	In Progress	4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads.	11/01/2015	03/31/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of	In Progress	5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of the various VBP models and to enable the PPS to employ those models in a coordinated	12/01/2015	03/31/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the various VBP models and to enable the PPS to employ those models in a coordinated approach. Existing DSRIP communication channels and best practices for training using various media will be employed and documented to optimize resources.		approach. Existing DSRIP communication channels and best practices for training using various media will be employed and documented to optimize resources.							
Task 6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care.	Completed	6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible.	In Progress	7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible.	12/01/2015	03/31/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage	In Progress	8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage stakeholders in open discussion.	12/01/2015	03/31/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
stakeholders in open discussion.									
Task 9. Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.	Not Started	9. Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.	01/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning.	Not Started	10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning.	01/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process.	Not Started	10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process.	01/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10B. Review results of MCO discussions and assess need to modify strategy from step 10.	Not Started	10B. Review results of MCO discussions and assess need to modify strategy from step 10.	02/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting.	Not Started	11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting.	02/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee.	Not Started	12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee.	02/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	Not Started	13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	02/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Not Started	14. Update, revise and finalize AHI PPS VBP Baseline	02/01/2016	03/31/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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14. Update, revise and finalize AHI PPS VBP Baseline Assessment.		Assessment.							
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Not Started	This milestone must be completed by 3/31/2017. Value-based payment plan, signed off by PPS board.	01/01/2016	12/31/2016	05/01/2016	12/31/2016	12/31/2016	DY2 Q3	YES
Task 1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment.	Not Started	1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment.	02/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements.	Not Started	2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements.	04/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements.	Not Started	3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements.	04/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH	Not Started	4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.	04/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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provided data.									
Task 5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements.	Not Started	5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements.	Not Started	6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	Not Started	7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	04/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms.	Not Started	8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate.	Not Started	9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to	Not Started	10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
provider and PPS performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.		support performance monitoring and reporting.							
Task 11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan.	Not Started	11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS.	Not Started	12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 13. Plan to be communicated to PPS participants for input and review.	Not Started	13. Plan to be communicated to PPS participants for input and review.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 14. Update, modify and finalize VBP Adoption plan with appropriate approvals.	Not Started	14. Update, modify and finalize VBP Adoption plan with appropriate approvals.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	Not Started		01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Not Started		01/01/2018	12/31/2018	01/01/2018	12/31/2018	12/31/2018	DY4 Q3	YES
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	Not Started		01/01/2019	12/31/2019	01/01/2019	12/31/2019	12/31/2019	DY5 Q3	YES



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize PPS finance structure, including reporting structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	poldytow	Templates	23_MDL0303_1_4_20160429095641_DSRIP_Project_Impact_Matrix.xlsx	AHI PPS Partner Project Impact Matrix	04/29/2016 09:56 AM
	poldytow	Templates	23_MDL0303_1_4_20160429095544_AHI_Financial_Stability_Survey_Tool_-_Final_Revision.xlsx	AHI PPS Financial Stability Survey Template	04/29/2016 09:55 AM
	poldytow	Policies/Procedures	23_MDL0303_1_4_20160429095314_DSRIP_Financial_Sustainability_Plan_Final_Approved.docx	AHI PPS Financial Sustainability Plan	04/29/2016 09:53 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	<p>AHI PPS has developed a financial sustainability strategy during DY1 Q4 to address key issues within the PPS. The Financial Sustainability Plan entrusts the AHI PPS Finance Committee with the responsibility of assessing the financial health of network partners, specifies the criteria by which the partners will be assessed, sets the frequency at which the financial assessments will be performed, identifies the procedures for establishing baseline metrics, puts in place the steps to identify financially fragile partners, details the provisions to evaluate financially distressed partners more closely and more frequently, and outlines the steps to assist financially distressed partners. The Financial Sustainability Plan was approved by AHI PPS Finance Committee and AHI PPS Steering Committee on March 8, 2016. The plan was communicated to partners on March 9, 2016 accompanied with the Financial Stability Survey and Partner Project Impact Matrix with directions to return the surveys to the AHI PPS Project Management Office for analysis.</p> <p>At the end of DY1 Q4, AHI PPS has received returned surveys from the majority of partners, and anticipate receiving the remainder during DY2 Q1 at which point all the results will be analyzed and the current state assessment of the financial health of the AHI PPS network will be finalized.</p> <p>AHI PPS has uploaded the Financial Sustainability Plan for review as well as the Partner Financial Stability Survey and Partner Project Impact Matrix tools that were used in putting the Financial Sustainability Plan into action.</p>
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Milestone completion date changed to align with "Required Completion Date" changed from 3/31/2016 to 9/30/2016 per update received on 2/12/2016.



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	
>=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	



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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✓ IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

There are challenges to implementing the organizational strategies required for the financial sustainability work stream that could impact the AHI PPSs efforts to assess and monitor the financial health of the PPS providers and to establish the role of the AHI PPS as the PPS Lead responsible for the administrative and operational aspects of the PPSs finance function. These challenges include the following:

- obtaining buy-in of the AHI PPSs DSRIP project and funds plans from key stakeholders;
- inability to access data to perform or validate analytics related to project performance;
- inability to engage providers in DSRIP or resistance to participation;
- inability to foresee or anticipate financial distress of a critical provider of services;
- financially fragile provider elects to withdraw from PPS;
- transition to value base payment is not accepted as the pace required to meet DSRIP timelines;
- smaller entities limitations on financial systems available/or lack of resources to provide timely/adequate financial information;
- failure of PPS providers to meet the DSRIP reporting requirements;
- ineffective organizational communication; and
- expertise on components of the DSRIP strategy, in particular VBP methods, not readily available or attainable to meet DSRIP timeline.

The challenges listed above will be mitigated in the following ways:

- AHI will leverage the systems that will be used to measure and monitor DSRIP project performance and incorporate financial metrics in agreements with providers to monitor the financial health of the PPS providers.
- Developing tools that will be used to disseminate information, collaborate with participants, collect data, provide transparency and timely quarterly reporting on the DSRIP projects internally to PPS and to NYSDOH.
- AHI is developing a communications strategy to provide timely and clear information flow to PPS providers to garner support and active participation in meeting DSRIP project requirements and earning the full DSRIP payment.
- The AHI funds distribution plan will be transparent to the providers and ensure that all plan requirements and related processes and payment schedules are clearly understood and communicated regularly.
- Through educational campaigns, AHI will address the objectives of value based payment models, as well as the possible implications of engaging in value based payment arrangements, so providers can make informed decisions.
- AHI will engage partners to develop a flexible, multi-phased approach to contracting on a VBP basis that also allows for AHI PPS providers with longstanding relationships to contract directly with the regions MCOs.
- AHI PPS will examine opportunities to facilitate and support contract negotiations between AHI PPS providers and MCOs to the greatest extent



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possible. AHI will identify opportunities for standardization in contracting methodologies among MCOs, ultimately streamlining the PPS partners' ability to establish VBP arrangements.

- AHI will identify opportunities for standardization in contracting methodologies among MCOs, ultimately streamlining the PPS partners' abilities to establish VBP arrangements.
- AHI is developing a compliance plan applicable to the PPS Lead functions to ensure compliance with New York State funds administration which will include documented policies and procedures that are approved by the finance governance structure.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

"During our preliminary assessment of the finance function for the AHI PPS PPSs DSRIP application we identified a number of interdependencies with other work streams in key areas which we have outlined below.

- Governance – A fully supportive governance process is essential to establishing the role of the AHI PPS as a the PPS Lead. In addition, fully established roles within the governance structure for Finance, Compliance and Audit will inform and drive the finance committee charter, its oversight of the finance function and approach to funds flow. There will be specific situations that will require board communications and/or approvals when significant risk is involved. We anticipate that our PPS governance may need to be modified based on the results of VBP planning activities.
- DSRIP Network Capabilities and Project Implementation - The successful implementation of the AHI PPS value based reform strategy, and execution of value based contracts, will require a developed and functioning integrated delivery network and buy-in of the network partners to the value based payment strategy. Transparency and strong communication strategies will be important at all phases on the DSRIP program.
- Reporting Requirements – The DSRIP process has extensive reporting requirements linked to DSRIP payments – such as the quarterly reporting is a dependency for receiving DSRIP Process Payments. This reporting is dependent upon input and submission of reports and data from the individual network providers as well as other sources of data that will require the PPSs IT function to access.
- DSRIP Projects – The AHI PPS finance function must have an understanding of projects selected and participation level of providers for each (Provider Participation Matrix) in order to develop a meaningful funds plan for the PPS. In addition, the PPS and the providers must understand project costs, impacts and other needs as part of their process of evaluating financial stability and impact going forward.
- HIT – This work stream will be essential to providing technology to access data, including a financial reporting system, as well as the technology for reporting project level performance data that is closely linked to the payments received for DSRIP projects. The extent of the role of IT for the PPS Lead and the PPS itself is expected to evolve throughout the DSRIP period which will require adaptive strategies throughout the work streams, including the finance areas of funds flow, budgeting and value based payment initiatives.
- Workforce – The impact of the DSRIP projects is still being reviewed as is the costs related to those impacts and the strategies of the PPS and each provider to mitigate that impact. We plan to work closely with the workforce work stream to ensure that the appropriate data related to the workforce strategy and impact is being gather and reported to meet the DSRIP requirements. The AHI PPS is responsible for communicating these



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requirements for tracking and reporting to all PPS providers to ensure that the PPS meets its requirement to report this information to DOH.

- Communication - clear and regular messaging to the PPS participants, potential participants and the regional stakeholders is imperative to the success of our DSRIP plan and has been incorporated into the work stream plans. "



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✓ IPQR Module 3.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Financial Officer	Eric Burton	Responsible for development and management of the Finance Office and its specific functions. The individual will provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes. The responsibilities include ensuring that funds are managed and distributed according to the approved plan, that reporting requirements are met and that communication regarding the Finance related functions is timely and accurate.
Accounting Manager	New Hire	Responsible for the daily operation of the Finance Office, including programmatic development of the infrastructure tools critical to the Funds Flow Plan and the related banking, accounts payable and general ledger functions.
Financial Analyst	New Hire	Responsible for assisting in the continuity of operations of the data aspects of the Finance Office and providing assistance to the Finance Office as it relates to data analysis, acquisition and reporting. This position will be responsible for developing and distributing the defined report data set(s) to the designated stakeholders.
Accounts Payable Staff	New Hire	Responsible for the day-to-day operations of the Accounts Payable function, including updating policies and procedures, monitoring the accounts payable system, and developing protocols around reporting and AP check write related to the DSRIP funds distribution.
Reporting Analysts	New Hire	This position(s) will be responsible for working with the CFO to determine and monitor the reporting protocols/requirements for the PPS providers, the governing body, and DOH.
Accounts Receivable Staff	New Hire	Responsible for the day-to-day operations of the Banking function, including the processing of the DSRIP funds received from DOH and reporting of the status of funds expected and received as well as reconciliation of bank related statements.
Compliance Director	Lottie Jameson - Interim	Will oversee the development and implementation of the



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The compliance role should report to the Executive Body.
Audit	Cohn Reznick	External auditors reporting to the Finance Committee. The firm will perform the audit of the PPS and PPS Lead related to DSRIP services according to the audit plan approved by the Finance Committee and Executive Body
VBP Project Manager	New Hire	Coordinate overall development of VBP baseline assessment and plan for achieving value based payments.
VBP Baseline Functional Lead	New Hire	Coordinate approach and engagement of process to develop PPS VBP Baseline Assessment and Adoption Plan. Ultimately responsible for the development of the PPS VBP Baseline Assessment and Adoption Plan. Will report to the VBP Project Manager.



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✓ IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Colleen Florio, PhD	PPS DSRIP Project Director	The DSRIP Project Director has overarching responsibility for oversight of the DSRIP initiative for the PPS
Colleen Florio, PhD	Project Management Office	PMO oversight and leadership for finance related projects, VBR strategy, and for the overall implementation plan deliverables that affect finance function reporting
Project Champions	DSRIP Project Leads	Collaboration with finance re: PPS Project Implementation, status of project, reporting required to meet DOH requirements,
Lottie Jameson PPS Compliance Officer	PPS Compliance Committee PPS Compliance Officer	Oversight of PPS Compliance Plan and related training, education, and reporting requirements of the plan
Finance Committee Chair	PPS Finance Committee	Board level oversight and responsibility for the PPS Finance function; Review and approval of finance related policies and procedures; oversight of PPS Lead role, responsibilities and deliverables; oversight of audit and compliance related processes
Lottie Jameson Human Resources	PPS Human Resources	HR related functions of PPS for its employees and guidance related to the PPS workforce strategies
StoredTech	PPS IT Consultants	Information Technology related requirements for the finance function; access to data for the finance function reporting requirements
CEOs of PPS Network Partners	Network Finance Partners	PPS Network Provider partners' CEOs are responsible for their organization's' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies
CFO/Finance Team of PPS Network Partner	Network Finance Partners	Primary contact for the PPS Lead finance function for conducting DSRIP related business and responsible for their organization's execution of their DSRIP related finance responsibilities and participation in finance related strategies
Boards of Directors for PPS Network Partners	Governance	PPS Network Provider partners' BOD have overall responsibility for



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		their organizations' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies
External Stakeholders		
Stephen Schwartz, CohnReznick External Audit Function	External Audit Function	External Audit Function
MCOs and other payers	MCOs and other payers identified by PPS for pursuit of PPS Value based reform strategies	The PPS Lead and PPS will have responsibilities related to implementing the PPSs value based strategy, the contracting process, and implementation / administration of executed value based agreements.
NY DOH	NY DOH defines the DSRIP requirements	The PPS Lead and PPS finance function has responsibility for the overall administration of DSRIP reporting to DOH and the funds flow process
Community Representatives	Community Representatives	Community needs and interests are significant influencers of DSRIP projects and will contribute to the adoption and buy-in across the network. Communication regarding DSRIP status, results, and future strategies will be important to maintain their contribution and influence.
Government Agencies / Regulators	Government Agencies / Regulators	County and State agencies and regulatory bodies will have oversight and influence in a number of DSRIP related areas - including the importance of waivers or regulatory relief, construction / renovation projects, and other items related to DSRIP. Communication with them regarding DSRIP status, results, future strategies and their role in DSRIP success will be important.
Medicaid Managed care Plans	Responsible for contracting with AHI PPS and individual providers on a VBP basis.	These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan.
HIV Special Needs Plans	Responsible for contracting with AHI PPS and individual providers on a VBP basis for the HIV population specialty chronic population.	These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan.



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Adirondack Health Institute, Inc. (PPS ID:23)

✓ IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

"The development of shared IT infrastructure and data communications strategy across AHI PPS PPS will support the AHI PPS Finance Office and our work on the financial sustainability of the network by providing the network partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. We intend to link to the performance reporting mechanisms that will be utilized across the PPS to provide our finance team with current data that may be utilized to track project performance levels and expected DSRIP payments.

Other shared IT infrastructure and functionality across the PPS that will support or contribute to the success of the AHI PPS Finance Office includes:

- Population Health systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements.
- Care Coordination technology and systems that supports broad network integration of services and health management capabilities.
- Communications platform to disseminate and accumulate information with our partners
- Leveraging existing medical home infrastructures
- Reporting and project management tool to collaborate and maintain transparency with our network partner

As DSRIP PPS plans develop, certain components of the IT infrastructure will be developed to be centralized with the PPS lead, some with will be decentralized across providers or groups of providers and some may be centralized with the DOH and other third parties. The outcome of these decisions will impact significantly several facets of the AHI PPS DSRIP implementation plans.

The NYS CRFP initiated in conjunction with DSRIP will impact the IT infrastructure for the various work streams as funding for IT capital was requested by multiple AHI PPS providers and the AHI PPS. A population health management platform, EHR systems, tele health and other health data management software are among the capital requests. The results of the CRFP awards will impact the related DSRIP projects in terms of both funding and planning."

✓ IPQR Module 3.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.



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"We will align our PPS financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects, through the AHI PPS PMO. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level, and the preparation of status reports for the quarterly reporting process for DOH. We will leverage this process and integrate where feasible, the financial reporting that we require in order to be able to monitor and manage the financial health of the network over the course of the DSRIP program. The AHI PPS Finance Office will be responsible for consolidating all of the specific financial elements of this project reporting into specific financial dashboards for the AHI PPS Board and for the tracking of the specific financial indicators we are required to report on as part of the financial sustainability assessments and the ongoing monitoring of the financial impacts of DSRIP on the providers. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the AHI PPS Finance Office will work with the provider in question to understand the financial impact and develop plans for corrective action.

The AHI PPS Finance Office will provide regular reporting to the Finance Committee, Executive Body and network partners as applicable regarding the financial health of the FHPP and updates regarding the Financially Fragile Watch List and the Distressed Provider Plans currently in place.

"

IPQR Module 3.9 - IA Monitoring

Instructions :



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Section 04 – Cultural Competency & Health Literacy

✓ IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3	YES
Task Develop metrics to evaluate and monitor ongoing impact of cultural competency / health literacy initiatives. Progress against these metrics will be evaluated on a semi-annual basis and results will be published.	Completed	Evaluate	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Task By utilizing Community and Beneficiary Committee and the Workforce committee, with guidance from the Training and Resources Workgroup, the AHI PPS will ensure	Completed	Diverse Representation	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
representation from a diverse group of stakeholders (providers, CBO, behavior health, education, local organizations) overseeing cultural competency and health literacy strategy.									
Task Building on the Community Needs Assessment, conduct analysis to confirm key priorities for the AHI PPS in terms of health disparities between different cultural, socioeconomic and age groups. This will include an analysis of the driving factors behind these poorer outcomes, and the drivers of inappropriate or under-use of services by specific populations. The focus groups and survey conducted with beneficiaries in the 2. d. i. project will be shared to inform cultural differences across the region and health literacy needs of the Medicaid population to be served.	Completed	Conduct Analysis	09/30/2015	12/21/2015	09/30/2015	12/21/2015	12/31/2015	DY1 Q3	
Task Building on the initial assessment carried out for the DSRIP application, assess cultural competency needs at the provider level. This gap analysis will compare the priority patient groups and health disparities with the facilities and services available at a provider / site level, as well as the linguistic capabilities of individuals at those providers. The analysis will also consider the role of CBOs and the capabilities available through our CBO partners. This analysis will be used to identify key targets (i.e. providers and/or geographic areas where the cultural competency of providers is in need of additional supports and resources). The assessment will cover: the patient environment; the simplicity / accessibility of services; and the extent to which existing community groups are actively promoting and/or providing services.	Completed	Assess Cultural	09/30/2015	12/21/2015	09/30/2015	12/21/2015	12/31/2015	DY1 Q3	
Task	Completed	Determine Standards	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
The Community and Beneficiary Engagement Committee and the Workforce Committee will determine the AHI PPS standards for culturally and linguistically appropriate services (building on national standards). These two groups will consider relevant evidence-based clinical and/or programmatic approaches for target communities, such as disease risk factors for specific ethnic/racial groups, cultural issues that impact adherence rates, psycho-social stressors, nutritional regimens that match ethnic traditions and/or financial affordability, and implicit biases in assessing patients. These standards will be approved by other PPS committees as deemed appropriate and by the Leadership Board.									
Task Develop communications and engagement approach to build provider/partner buy-in to improve cultural competency and accessibility of services/facilities.	Completed	Develop approach	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Task The Community and Beneficiary Engagement Committee and the Workforce Committee will share the Cultural Competency / Health Literacy Strategy with patient groups, CBOs, and PPS provider network.	Completed	Share Strategy	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Task Develop literature / material designed to improve health literacy of target populations of attributed members, with specific reference to the availability of services and the most appropriate ways to access / navigate the health system; develop plan to disseminate this material in PPS learning collaborative with providers within the network identified as having best practices in in cultural competency.	Completed	Develop Materials	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Milestone #2	In Progress	This milestone must be completed by 6/30/2016. Cultural	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).		competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task Based on gap assessment and the adopted standards/approaches/strategies, develop a plan for competency/health literacy trainings that addresses needs, scope and goals including targeted sites, potential for telemedicine utilization and preferred mode of training dissemination such as a learning management system (Moodle).	In Progress	Develop Plan	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Identify cultural competency 'champions' throughout the AHI PPS network and corresponding points of contact with CBO partners; identify organizations/individuals interested in Train the Trainer approach.	In Progress	Identify Champions	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task In collaboration with CBOs, and PPS partners, the Community and Beneficiary Engagement Committee and the Training and Resources Workgroup will review evidence based training interventions that are effective in improving ccultural competency, with a particular focus on the specific cultural/socio-demographic groups identified above.	In Progress	Review Trainings	01/01/2016	02/28/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Utilizing the evidence base, the Community and Beneficiary Engagement Committee and the Training and Resources Workgroup will oversee training development for frontline practitioners	In Progress	Oversee Training	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
focused on the core competencies and skills required to deliver culturally competent, health literate care (with specific reference to the patient populations identified as priorities above).									
Task In conjunction with Step 4, the Community Beneficiary Engagement Committee and the Training and Resources Workgroup will incorporate trainings into Workforce Training Strategy. In Workforce Implementation Plan Milestone "Develop Training Strategy" Steps 3, 4 and 5 outline how the strategy will be developed and how the effectiveness will be measured.	In Progress	Incorporate Training	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	



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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

A component of success of many of the work streams is dependent upon effective communication and active engagement by the participants.

The risks associated with cultural competency are:

- Ineffective communication by providers and lack of comprehension by the patient, coupled in some cases by cultural barriers, can create miscommunication and have a negative impact on health outcomes.
- Large geographic region makes in-person training and education prohibitive.
- Limited provider and staff time availability for training to carry out the Cultural Competency and Health Literacy Initiatives.
- Sustaining active participation in health literacy and cultural competency trainings

These risks will be mitigated by:

- Dissemination of gap assessment results to the Regional Health Improvement Team Leaders, the project Team Leaders, and to the Leadership Board, along with general media public service announcements will heighten awareness about the importance of clear understanding and communication between providers and patients and the potential impact on outcomes. The AHI PPS will undertake a comprehensive training program for providers through champions and trainers in their own organizations to increase their knowledge and efficacy related to Cultural Competency and Health Literacy. Resources, literature and materials will be made available to providers to ensure accurate, timely health literate, culturally sensitive information is provided to patients.
- Using on-demand web based learning platforms and other methods that bring training to the provider will make it easier for providers to access training at their convenience in their offices or at home eliminating travel time and expense.
- Creating a regional, systemic approach for small practices with frequent staff turnover for ongoing training support to ensure health literacy and cultural competency principles are incorporated in the practice.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

"Cultural Competency and Health Literacy is woven throughout several workstreams. As the core of this initiative is training, thereby requiring efficient planning and implementation with the Workforce workstream as well as the Practitioner Engagement workstream.

This initiative is also interdependent with Project 2.d.i - Patient Activation. As patients become informed, activated and engaged in their health,



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their confidence and efficacy in communicating their needs to their providers will increase. The PPS will prepare providers with skills and techniques through training and education, along with resources and materials to meet the needs of their patients. Patients will be completing PAM [Patient Activation Measure] tools and will receive referral to providers and CBOs for services.

There is also an interdependency with the development of the Population Health Management system. Demographic and community health data will drive the direction for trainings to be sure that providers and CBOs can be effective and serve patient need."



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IPQR Module 4.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS Project 2 d i Team Lead	Crystal Carter, Clinton County Office for the Aging	Responsible for review and approval of strategy and deliverables
Workforce Committee Chair	Mike Lee, Adirondack Health	Responsible for review and approval of strategy and deliverables
AHI Workforce Manger	Kelly Owens, AHI	Responsible for incorporating Cultural Competency and Health Literacy into Workforce initiatives
AHI Community Engagement Manager	Jessica Chanese, AHI	Responsible for 2.d.i implementation and assuring that Health Literacy principles are integrated into the project implementation



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✓ IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Providers & staff: Including but not limited to HHHN; Plattsburgh Physician Group; North Country Physicians Org; Hospitals/OP clinics: Glens Falls, Nathan Littauer, Adirondack Health, CVPH, St. Lawrence Health System; Alliance for Positive Health; Behavioral Health Services North; Northstar Behavioral Health; Essex Cty Mental Health; HCR Home Care; County Mental Health Assocs: Essex, Warren-Washington; Community Maternity Services; United Helpers Mosaic & ACT; Hamilton Cty Community Services	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
PPS Community Based Organizations: Including but not limited to North Country Healthy Heart Network, Adirondacks ACO, Mercy Care for the Adirondacks, Open Door, United Way, Prevention Councils for all counties, and Catholic Charities	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
PPS public sector Agencies at state and local levels: Including but not limited to Clinton County: OFA, DSS, CSB, Mental Health; Essex County CSB, Mental Health, Public Health; Franklin County CSB, Public Health, OFA; Hamilton County CSB, Mental Health, Public Health; Fulton County Public Health, Mental Health; Saratoga County Mental Health; Warren County CSB, Mental Health; Washington County CSB, Mental Health, Public Health	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
External Stakeholders		
Providers and staff: Including but not limited to	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
Community Based Organizations	Help develop and execute workstream; recipients of educational	Subject matter expert, patient liaison; commit to and continually



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	programs	improve cultural competency initiative
Patients and caregivers	Recipient of information/improved services, participate in focus groups and other contributions to design initiative	Participate in surveys, focus groups or other opportunities to contribute feedback



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✓ IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

Interoperable IT infrastructure will support the Cultural Competency and Health Literacy initiative. The PPS will be able to monitor, review and analyze the demographics for the people that are being served to be sure that appropriate interventions are being developed. If demographics shift, the Project Team and Workforce Committee will be able to develop appropriate training and education materials to address the changes. The interoperable systems will enable collecting utilization data and tracking outcomes for our target population.

✓ IPQR Module 4.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

"The AHI PPS will update the demographic information for the PPS region annually, including specific health disparities identified in the CNA and the gap analysis, to track any potential changes in the population over time.

The Project Team and Workforce Committee will develop metrics to track the effectiveness of the initiatives. These will include patient outcomes, evaluation results from trainings, and results from the focus groups and surveys as well as patient satisfaction results."

IPQR Module 4.9 - IA Monitoring

Instructions :



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Section 05 – IT Systems and Processes

✓ IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 5. Map future state needs articulated in IT Strategic Plan against readiness assessment in order to identify key gaps in IT infrastructure, data sharing and provider capabilities	In Progress	Identify key gaps	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1. Establish IT Governance Structure	Completed	Establish structure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Conduct IT Readiness Survey and analyze results (survey to include readiness for data sharing at the provider level and a mapping of the various systems in use throughout the network and their potential interoperability)	Completed	Readiness Survey	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Share results of IT readiness assessment with network partners and discuss implications in provider IT leads' forum	Completed	Share results	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Update and approve IT Strategic Plan	Completed	Strategic Plan	11/12/2015	03/31/2016	11/12/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Re-survey IT Readiness to obtain higher	Completed	Re-survey	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
participation rate.									
Milestone #2 Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Define IT Change Approval Process by Change Advisory Board (IT & DS Sub-Committee)	In Progress	Define Process	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Catalogue, define, and publish Standard/Non-Standard change scenarios	Completed	Change scenarios	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Establish roles, responsibilities, and performance metrics for change process	Completed	Establish metrics	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Identify, communicate, and escalate pathways for Change Advisory Board (IT & DS Sub-Committee), representing multiple entities	Completed	Pathways for Change Advisory Board	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Approve and publish IT Change Strategy (including risk management), signed off by the AHI PPS Executive Body	In Progress	Change Strategy	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task 1. Define data exchange needs based on the planning for the 11 DSRIP Projects and engagement with the network providers (as part of the current state assessment) *IT & DS Committee to create Sub Committee responsible for development of clinical data sharing and interoperability roadmap.	In Progress	Define Needs	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Define system interoperability requirements, using HIE/RHIO Protocols (Performance, Privacy, Security, etc.)	In Progress	Define requirements	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Map current state assessment against data exchange and system interoperability requirements	In Progress	Comparision	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Incorporate Data Sharing Consent Agreements and Consent Change Protocols into partner agreements, including subcontractor DEAs with all providers within the PPS; contracts with all relevant CBOs	In Progress	Agreements	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Evaluation of business continuity, and data privacy controls by IT & DS Committee	In Progress	Evaluation by Committee	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Develop transition plan for providers currently using paper-based data exchange	In Progress	Transition plan	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Develop training plan for front-line and support staff, targeting capability gaps identified in	In Progress	Develop training plan	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
current state assessment									
Task 8. Finalize clinical data sharing and interoperability roadmap	In Progress	Finalize roadmap	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Approval of clinical data sharing and interoperability roadmap by IT & DS Committee.	In Progress	Approve roadmap	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify system needs, interfaces, and Action Plans for Existing/New Attributed Members	In Progress	Identify needs	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Perform a Gap analysis of existing communication channels used to engage with patients (call, text, mail etc.), comparing this to demographic information about member population (using CNA)	In Progress	Gap analysis	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Establish new patient engagement channels, potentially including new infrastructure (portal, call center, interfaces)	In Progress	Establish new channels	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Incorporate patient engagement metrics (including numbers signing up to QEs) into performance monitoring for the AHI PPS IT & DS Committee and establish reporting relationship (focused on this metric) with the AHI PPS PMO - DY2, Q1S	In Progress	Incorporate metrics	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Establish patient engagement progress reporting to the AHI PPS PMO	In Progress	Establish process	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- Plans for ongoing security testing and controls to be rolled out throughout network.							
Task 1. Define data needs for PPS to access and establish protocols for Protected Data *Sub Committee to be set up by IT & DS Committee responsible for developing data security and confidentiality plan	In Progress	Define needs	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Establish Data Collection, Data Use, and Data Exchange Policies in conformance with HIPAA/HITECH, NYS rules & regulations and industry standard information security practices.	In Progress	Establish policies	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Data Security Audit or Monitoring Plan Established	In Progress	Audit/Monitoring Plan	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Identify Vulnerability Data Security Gap Assessment including physical systems and building security, employee responsibilities, identification and authentication, security of cloud-based systems, RHIO/SHIN-NY and telecommunication systems and implement mitigation strategies	In Progress	Gap Assessment	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Approval of Data Security and Confidentiality plan by IT & DS Committee	In Progress	Approval by Committee	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Create on-going Data Security Progress Reporting to IT & DS Committee	In Progress	Progress Reporting	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a data security and confidentiality plan.	dlarose	Other	23_MDL0503_1_4_20160614111314_OHIP_DOS_Encrypted_(SSP)_Moderate_Plus_Workbook_(MP_Family)_FINAL.docx	Encrypted SSP Workbook MP Family	06/14/2016 11:13 AM
	dlarose	Other	23_MDL0503_1_4_20160614111200_OHIP_DOS_Encrypted_(SSP)_Moderate_Plus_Workbook_(CA_Family)_....docx	Encrypted SSP Workbook CA Family	06/14/2016 11:12 AM
	dlarose	Other	23_MDL0503_1_4_20160614111049_Remediation_MP-1_Narrative.docx	Remediation MP-1 Narrative	06/14/2016 11:10 AM
	leebrad	Report(s)	23_MDL0503_1_4_20160429141159_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Wo rkbook_(SI_Family).docx	SI Family SSP	04/29/2016 02:11 PM
	leebrad	Report(s)	23_MDL0503_1_4_20160429141051_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Wo rkbook_(RA_Family).docx	RA Family SSP	04/29/2016 02:10 PM
	leebrad	Report(s)	23_MDL0503_1_4_20160429140156_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Wo rkbook_(MP_Family).docx	MP Family SSP	04/29/2016 02:01 PM
	leebrad	Policies/Procedures	23_MDL0503_1_4_20160429135554_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Wo rkbook_(CA_Family).docx	CA Family SSP	04/29/2016 01:55 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Dependency on analysis of HIT Survey results (survey completed 3/31/2016).
Develop an IT Change Management Strategy.	Awaiting approval of IT Change Management Strategy by AHI PPS Executive body (next meeting June 2016).
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✔ IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

A preliminary assessment has identified a number of IT systems risks and challenges that impact most, if not all, of the AHI PPS projects, specifically 2.a.i, 2.a.ii, 2.a.iv, 2.d.i, 3.a.i and 4.b.ii. . IT risks and challenges include:

- Variation in data collection, sharing and security capabilities among partner organizations.
- Inconsistent implementation of data sharing standards by eHR vendors.
- DOH restrictions on the use of Medicaid claims data critical to the success of the AHI PPS.
- Competing initiatives among AHI PPS partners that have individualized metrics and requirements.
- Limited RHIO resources available to implement connectivity
- Competing obligations, priorities and time constraints to the AHI PPS and partners' employers.
- AHI PPS partners engaged with multiple RHIOs.

The IT & DS Governance Committee working with the PMO, Quality Committee and others, as needed, will be responsible for finalizing and implementing mitigation plans. The AHI PPS strategies for mitigating the risks and challenges listed above include:

- Assisting partners with researching and obtaining the appropriate technology – messaging capability, eHR-lite or fully functioning eHR.
- Assisting practices with Transition Coaches to incorporate technology into their workflow.
- Working with eHR vendors, provider practices, and Hixny to develop standardization in the data elements included in CCD-A and other transactions.
- Contracting with Hixny for dedicated resources to support AHI PPS partners.
- Collaborating with other PPSs and HANYS to work with DOH to find an appropriate compromise that will protect beneficiaries while allowing all PPSs to use the data to achieve DSRIP goals.
- Utilization of the MAPP and Salient tools even with the inherent risk of siloing data that will make practice transformation and achievement of AHI PPS goals more difficult.
- Align metrics and processes where possible with other initiatives and deploy PHM and performance reporting solutions that support multiple metric sets using the same practice based sources to reduce impact on PPS partners.
- Transition coaches, data analysts, and human capital from larger PPS partners to assist smaller PPS organizations with implementation of appropriate technology and processes to support goals and deliverables.
- AHI PPS will provide staff support to PPS committees, work groups, and project teams through PMO and other resources.
- Advocating for AHI PPS members to join a single RHIO and reliance on SHIN-NY development to provide adequate data sharing between RHIOs.

✔ IPQR Module 5.4 - Major Dependencies on Organizational Workstreams



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Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

As is described throughout this implementation plan, the development of new and / or improved IT infrastructure is a crucial factor underpinning many other workstreams including, in particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, the AHI PPS IT & DS Committee will not be able to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the IT & DS and the PPS's clinical governance structure (especially the Practitioner Champions) will be vital to ensure that the IT infrastructure that we develop meets the needs of individual practitioners, providers and – particularly when it comes to population health management – the whole PPS network. During our development of the IT future state, we will work closely with the AHI PPS Finance Team to review available capital and DSRIP funding resources. Adding new technologies, interfaces, reporting and monitoring solutions, and other engagement channels within our PPS will also require additional IT staffing, which will depend heavily on the AHI PPS Workforce Strategy team. We will look to gain additional resources for IT call centers, support, analysis, and reporting. We will also look to other alternate means of staffing. Along with the need for new IT staff and systems, training the workforce to use new and expanded systems effectively will be crucial. To facilitate appropriate cooperation and communication, we recommend that members of the IT & DS Committee be embedded in the other relevant AHI PPS governance committees. The IT & DS Committee should also receive regular updates from the PMO, Regional Health Innovation Teams (RHIT) and Project Champions or teams.



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IPQR Module 5.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Information Officer	AHI Director Health Systems Transformation, Bob Cawley	IT Governance, Change Management, IT Architecture
Data, Infrastructure, and Security Lead	AHI Technology Director, Dwane Sterling	Data security and confidentiality plan, Data Exchange Plan
Project Management Lead	AHI Data Analyst, Forrest Hillery	Project Portfolio, Risk Register, Vendor Contracts, Progress Reports
Analytics and Reporting Lead	TBD	Business Analytics, Metrics Implementation and Reporting
Application Lead	AHI Technology Director, Dwane Sterling	Application Strategy and Data Architecture



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IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioner Champions	Interface between IT Transformation Group and front-line end users	Input into system design / testing and training strategy
Regional Health Innovation Teams (RHITs)	Interface between IT Transformation Group and front-line end users	Input into system design / testing and training strategy/integration of IT & DS priorities into projects
PMO Manager	Responsible for designing and managing EHR interfaces, and interoperability	Patient Engagement Plan
Chief Compliance Officer	Approver	Data Security Plan
External Stakeholders		
Hixny	RHIO Platform Lead	Roadmap for delivering new capabilities
Consumers & Families	Recipients of care delivered by PPS partners, Partners in developing processes and systems	Roadmap for delivering new capabilities
Registries	Providers and Consumers of PPS data	Roadmap for delivering new capabilities
Public Health Departments	Providers and Consumers of PPS data, Partners in developing Community Health Needs Assessments and Plans	Roadmap for delivering new capabilities
EHR Vendors	Developing PPS Participant Data Collection and Sharing Capabilities	Roadmap for delivering new capabilities



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✓ IPQR Module 5.7 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Our IT & Data Sharing Governance Committee will establish expectations with all partners to supply key artifacts and monthly reports on key performance metrics. We will monitor the development and acquisition of key data sharing capabilities across the network and perform ongoing use and performance reports. These will be necessary to ensure continuing progress against our IT change management strategy. Follow-up specific IT questionnaires and surveys will be used periodically to identify any additional gaps, under/non-utilization, or the need for re-training. Our AHI PPS IT Transformation Group will be responsible for engaging attributed members in QEs and will report on this to the AHI PPS PMO. The FITG will also report to the Clinical Quality Committee on the level of engagement of providers in new / expanded IT systems and processes, including data sharing and the use of shared IT platforms.

In addition, the FITG will use the following ongoing performance reports to measure continuous performance of all partners:

1. Annual Gap Assessment Report – Partner adoption of IT infrastructure, enablement of clinical workflows, and application of population analytics
2. Annual refresh of IT Strategic Plan
3. Annual Data Security Audit Findings and Mitigation Plan
4. Monthly workforce training compliance report
5. Monthly Project Portfolio 'Earned Value' report for all IT related projects within DSRIP project portfolio
6. Monthly HIE usage report depicting turnaround time for various data elements
7. Weekly shared services performance report
8. Weekly Performance report on vendor agreed SLAs

AHI PPS IT Transformation Group will also conduct a quarterly survey of IT stakeholders (in particular the users of new infrastructure / systems) to derive qualitative assessments of user satisfaction.

IPQR Module 5.8 - IA Monitoring

Instructions :



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Section 06 – Performance Reporting

✓ IPQR Module 6.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The Clinical Quality Committee and the Financial Governance Committee, in coordination with the Regional Health Innovation Team Leaders and the PPS Project Teams, identifies the individuals accountable for clinical and financial outcomes for patient care pathways. These individuals lead continuous improvement processes for the patient care pathways underlying their respective projects. As per the PPS Governance Implementation Plan, Clinical governance will be finalized by DY1, Q3, as such, this step will take place in DY1, Q4.	In Progress	Identify individuals	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. The Leaders identified in task #1 are convened, receive information on their role and engage in dialogue to contribute to the development of the role, and needs for training / professional development are identified. Any needs identified are communicated to Workforce	In Progress	Leaders Convene	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Committee(s).									
Task 3. Establish a process for communicating performance related data (including, at minimum, the data provided to the PPS by NYS DOH) to leaders, teams, and providers, as needed for their specific role. Establish interim mechanism/tools for reporting (utilizing existing templates, dashboards, etc.), while building the PPS-wide Performance Measurement system.	In Progress	Process for communicating	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Perform a current state assessment of existing reporting processes across the PPS and define target state outcomes. Assessment will include focus on Behavioral Health and other provider types that may not have eHRs or similar systems with readily available reporting capability. A. Identify work arounds for practices that do not possess advanced data collection and reporting capabilities. B. Develop Remediation Plans for practices that do not possess advanced data collection and reporting capabilities.	In Progress	Assessment	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop initial PPS-wide Performance Measurement system for medical record-based outcome measures, as well as for those process measures that our project development groups are identifying as driving the outcomes we aim to realize. The initial system will likely consist of a set of manual reports that will need to be aggregated by AHI PPS, combined with reports from the MAPP tool until a more robust reporting process can be put in place. The final state solution will be dependent on establishing robust, consistent connectivity with all of the practices and implementation of a robust PHM solution. This will be defined in the Target State	In Progress	Develop system	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Outcomes.									
Task 6. Reach agreement with at least one MCO to exchange key information (including additional quality metrics). AHI PPS will leverage the payor relationships developed through the Adirondack Medical Home Initiative (AMHI), an all payor Medical Home program in operation since 2010, as well as AHI's Health Home program which has been in operation since 2012.	In Progress	MCO agreement	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. In consultation with the Finance Committee, the Clinical Quality Committee will establish PPS-wide standardized care practices. These standards will be monitored and updated on a regular basis.	In Progress	Standardized care practice	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Establish regular two-way reporting structure to govern the monitoring of performance based on both claims-based, non-hospital CAHPS DSRIP metrics and DSRIP population health metrics (using AHI PPS' MAPP PPS-specific Performance Measurement Portal).	In Progress	Two-way reporting	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Finalize layered PPS-wide reporting structure: from the individual providers, through their associated projects' metrics and the Project Leadership Teams, up to the AHI PPS PMO. Performance and improvement information made available by the state (MAPP but also the further evolving Salient SIM tool) will be appropriately integrated into this reporting structure. This reporting structure will define how providers are to be held accountable for their performance against PPS-wide, statewide and national benchmarks.	In Progress	Finalize reporting structure	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Develop performance reports for PMO,	In Progress	Roadmap	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Clinical Quality, Finance and other Governing Committees as appropriate. Establish roadmap for development of reporting dashboards, with different levels of detail for reports depending on the audience. Once developed, the monthly Executive Body dashboard reports will show on one (digital) page the overall performance of the PPS. The various dashboards will be linked and will have drill-down capabilities.									
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. After performing current state analyses and designing workflows, the AHI PPS Workforce Strategy Team will create a dedicated training team to integrate new reporting processes and clinical metric monitoring workflows into retraining curriculum. This curriculum will be coordinated with NCQA recognition efforts as much as possible.	In Progress	Form training team	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. This dedicated training team will develop a framework for a performance reporting/ rapid cycle evaluation training regime. Initially, this regime will be dependent on availability of local reporting from the practice her. Ultimately, the PHM a performance Management system will be utilized.	In Progress	Develop framework	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Deliver training module to practitioner champions and AHI PPS' Regional Health Innovation Teams (RHITs); use their feedback to refine training program for practitioners throughout the network, including specific program for new hires A. Identify potential training needs that are	In Progress	Send model to be refined	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
specific to different provider types and settings, including Behavioral Health. B. Develop Training Plans to address training needs. Plan will include follow up to assess effectiveness of training and identify remediation needs.									
Task 4. Validate schedule to roll out training to all provider sites across the PPS network, using training at central hubs for smaller providers; specific thresholds will also be defined for minimum numbers to undertake training, Due to the expansive geography of AHI PPS, we expect not only to hold regional in-person trainings but to utilize tele, video and web-conferencing when appropriate.	In Progress	Schedule	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. In collaboration with the PPS PMO, the training team will identify decision-making practitioners and staff at each site / provider to train in advance of PPS-wide training; these individuals will become performance management champions in their individual providers / sites and will work alongside the practitioner champions for those sites	In Progress	Identify staff at sites	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Initiate training at provider sites.	In Progress	Training	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	Need to first establish AHI PPS Performance Measurement structure. Delayed due to the need for reporting structure and reporting governance establishment (Clinical Quality, Financial), and ramp up of Regional Health Innovation Teams.
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Dependency on completion of current state analyses by the AHI PPS Workforce Strategy Team.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	



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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

AHI's cornerstones of effective performance reporting are:

- a culture devoted to optimizing outcomes for patients;
- clear responsibilities and accountability of staff for these outcomes;
- optimizing and standardizing processes; and,
- continuous measurement of outcomes and the process-metrics that drive them.

To achieve performance excellence, AHI will employ the following strategies to achieve performance excellence.

- Practice Champions will be engaged to assist the wide range of PPS participants with reaching consensus on the adoption of appropriate practices and standards across the PPS. Since many of the practices are engaged in other programs with their own set of goals, metrics, and standards, Practice Champions will also work with the participants to achieve appropriate alignment and consensus on the DSRIP standards.
- Performance management is at risk since AHI will rely on eHRs for initial clinical quality performance reporting. AHI PPS practice coaches and analysts will support the practices by leveraging experience and tools from practices with similar systems and characteristics.
- The board, quality committee, and practitioner champions will form a structure that requires adherence to performance reporting processes, and clearly identified accountability for specific outcomes, either on a project basis or across the whole PPS. Accountability will be designed to ensure front-line practitioners have the autonomy to determine the performance measures requiring greater emphasis. Reporting of performance measures will inform PPS leadership to the extent of improvement and areas of opportunity in patient care delivery.

Designing and implementing a standard reporting workflow that will functionally work for the entire PPS will be a significant challenge due to:

- the geographic spread of the AHI PPS network - nine counties over 11,000 square miles;
- Relatively small median practice size diminishes confidence in metrics at an operational level
- the diversity of the AHI provider network; and,
- long-standing professional independence with differing reporting cultures and workflows.

In addition to improved quality of care, AHI Practitioner Champions will be responsible for encouraging practitioners throughout the network to participate in the PPS performance reporting systems. These professional incentives (improving quality of care) will be coupled with financial incentives, such as financial / personnel support for small practices to help them streamline their operations to support the increased reporting burden.

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)



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Our success with Performance Reporting has significant dependence on our Governance workstream. Without effective leadership and a clearly defined organizational structure, with clear responsibilities and lines of accountability, our ability to create a common culture and to embed performance reporting structures and processes will be severely hampered.

The Workforce Strategy workstream is also an important factor in our efforts to developing a consistent performance reporting culture and to embed the performance reporting framework we will establish. Training on the use of these systems – as well as the vision of Forestland PPS as an organization where practitioners don't accept less than excellent quality – will need to be a central part of our broader training strategy for all the staff who are impacted by our workforce transformation.

The success of performance reporting relies on quick and accurate transfers of vital performance information. If providers cannot gather the right information, or an oversight committee fails to gather and distribute the aggregated data in a timely manner, the data will not be reported in such a way that it can be acted upon to improve clinical outcomes and ultimately improve performance throughout the network. A crucial dependency for our successful implementation of a performance reporting culture and processes is the work of the AHI PPS IT & DS Committee to customize existing systems and implement the new IT systems that will be required to support our reporting on patient outcome metrics.

Practitioner Engagement and Clinical Integration will both be absolutely crucial to the success of our efforts to create a common performance culture throughout the PPS network, and to embed the new performance reporting practices within business-as-usual clinical practice.



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✓ IPQR Module 6.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project Leadership Teams	AHI PPS PMO, Practice Champions, RHITs	Responsible for project management of the 11 DSRIP projects, including their role in the performance reporting structures and processes in place across the PPS
Project-specific Finance / Clinical Performance Monitoring Leads	TBD	Members of Project Leadership Teams Ultimately accountable for quality of patient care and financial outcomes per project Accountable for the realization and continuous improvement of the multi-disciplinary care pathways underlying their respective projects
Practitioner Champions	Adirondack Medical Home Physician Leaders and new Champions to be recruited.	Responsible for spreading and embedding common culture of continuous performance monitoring and improvement throughout Practitioner Professional Peer Groups Responsible to Clinical Quality Committee for practitioners' involvement in performance monitoring processes
AHI PPS IT & DS Committee	Please see Committee Member template.	Responsible for ensuring the implementation, support, and updating of all IT and reporting systems to support performance monitoring framework. Also responsible for ensuring that the systems used provide valuable, accurate, and actionable measurement for providers and staff.



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✓ IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Staff within individual provider organizations	Reporting and IT System maintenance	Monitor, tech support, upgrade of IT and reporting systems.
Providers	Organizations immediately responsible for delivering on the performance monitoring processes established across the PPS.	Promote culture of excellence Employ standardized care practices to improve patient care outcomes.
AHI PPS Steering Committee	Ultimately responsible for AHI PPS meeting or exceeding our targets	Prioritizing and improving patient care and financial outcomes for the entire AHI PPS. Act as a high-profile, organization-wide champion for a common culture, standardized reporting processes, care guidelines, and operating procedures. Hold monthly executive meetings with patient outcomes as the main agenda item and will review patient outcome reports prepared by the sub-Committees.
Forestland PPS Finance Committee	Responsible for collecting, analyzing, and handling financial outcomes from performance management system	Will elect key decision makers to champion the performance management cause within the DSRIP projects, and to interface with the Clinical Quality Committee.
AHI PPS Clinical Quality Committee	Ultimately responsible for all clinical quality improvement across the whole network	Monthly Executive Report for the Steering Committee which includes patient care metrics updates. Will elect several key decision makers to champion the performance management cause within the DSRIP projects, and will interface with the Finance Committee.
External Stakeholders		
Managed care organizations	Will provide key information to the Forestland PPS. Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP.	Provide data to PPS Shared savings
Patient representative organizations	Provide patient feedback to support performance monitoring and performance improvement	Input into performance monitoring and continuous performance improvement processes



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✓ IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

Our PPS will be using a number of IT solutions to accurately measure, monitor, and report on DSRIP and non-DSRIP metrics. To this end, our IT & DS Committee will be responsible for interfacing with the clinical and finance leads of the DSRIP projects to ensure that dashboards, reports, and metrics-gathering software are accurate and have no usability issues.

Initially, existing performance reporting structures within the larger provider organizations in the PPS will be leveraged to provide the staff and IT infrastructure needed to build up the evolving PPS-wide Performance Measurement system as planned. In the interim, a system of Excel files transferred from the state's MAPP tool and Salient's SIM tool, to the leading workstream committee, through the project leads, and down to the individual providers will serve as a bridge before the robust final system is fully ready for deployment. We are currently considering several options for the procurement of PPS-wide performance reporting systems, including a collaborative buying solution with the region's ACO or our neighboring PPS, NCI. The final system will have to have the capabilities to aggregate information on projects & care processes from the providers to the workstream lead, and from the state to the providers, in a way that is accessible, while also sufficiently secure to protect patient information.

✓ IPQR Module 6.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

This workstream's success will be measured by how our providers' understanding of their performance is improved by our implementation of performance measurement. We will continually measure the level of engagement and involvement of providers in the performance reporting systems and processes, we will define metrics to measure providers' involvement in the PPS performance reporting structure (e.g. active users of performance reporting IT systems, involvement in feedback discussions with Clinical Quality Committee about performance dashboards). We will also set targets for performance against these metrics. The Practitioner Champions and the Project-specific Performance Monitoring Leads will be held accountable for driving up these levels of involvement.

Our front-lines will measure the outcomes that matter most to patients, and use our reporting and IT systems to monitor, evaluate, and identify the contributing processes and intermediate outcomes. They will be surveyed and interviewed to determine the level at which they find that the performance reporting system provides them with the right information, and the level at which they find that the information is clear and – most importantly – actionable.

Performance reports will be compiled into the Executive Report, which will be the top item during the monthly Executive Body meetings. The quarterly reports will show the variation in patient care outcomes between quarters, which will be easily accomplished using our monthly model.



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Tracking change in the metrics included on these dashboards over time will be the primary tool we use to evaluate the impact of our performance reporting systems and our efforts to embed a culture of continuous improvement.

IPQR Module 6.9 - IA Monitoring

Instructions :



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Section 07 – Practitioner Engagement

✓ IPQR Module 7.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Identify and appoint 'Practitioner Champions' across the full continuum of care throughout the 9 county PPS region.	In Progress	Practitioner Champions	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Include Practitioner Champions on Clinical Quality Committee (to be established by DY1 Q3).	Completed	Include	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Provide Practitioner Champions with resources - including standard performance reports - that they can share with peers and professional groups as appropriate.	In Progress	Resources	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a method to track when and how the Practitioner Champion's are disseminating information on PPS performance, or engaging in other communication activities, with their peer	In Progress	Communication	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
groups.									
Task AHI PPS Communications resource will develop a communication and engagement plan for review by the Clinical Quality Committee. This draft plan will include: a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to creating learning collaboratives d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices	In Progress	Plan	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify existing resources & capabilities that can be leveraged to implement the practitioner communication & engagement plan. For example, leveraging professional networks, existing meetings/forums of practitioners, and communication tools - such as AHI website, and The MIX).	In Progress	Leverage Resources	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Determine what additional communication resources / capabilities are needed to augment the existing resources identified in step 6, and acquire or develop the additional resources needed to implement the plan.	In Progress	Additional Resources	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify the types of practitioner support services that are most needed to increase/maintain practitioner engagement (e.g., services designed to help practitioners and providers improve the efficiency of their operations, thereby	In Progress	Identify Supports	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
freeing up time for the new collaborative care practices; back-office shared services; support with streamlining work flows; group-purchasing services/plans, etc.)									
Task Determine which services identified above can be supplied via existing resources, and develop or build-out services (create additional capacity) where needed.	In Progress	Build-out	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Finalize the plan by obtaining endorsement from Champions & Clinical Quality Committee	In Progress	Finalize	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Develop content of training module(s) for practitioners & other professional groups, include: a. Core goals of DSRIP program b. AHI PPS projects & quality improvement goals c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration	In Progress	Training Modules	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Produce the content (developed in step1) in a variety of formats, including materials suitable for face to face meetings, web-based sessions, and brief memo or informational pieces for newsletters, etc.	In Progress	Content	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Leverage Practitioner Champions and HR/Communications resources at Partner organizations and professional groups, to assist	In Progress	Leverage Champions	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
in developping a plan for delivering the training modules / disseminating key messages. Utilize existing channels, such as conferences, annual meetings, etc. whenever possible. Coordinate with Workforce activities as appropriate.									
Task Finalize the training/education plan. Ensure it includes multiple opportunity for two-way communication, and that the steps are designed to reach a majority of the target audience.	In Progress	Finalize	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a method to track Practitioner participation in training/educational activities. Using information obtained, modify the plan as needed to ensure a majority of practitioners rake part in the program(s).	In Progress	Tracking Method	11/12/2015	03/31/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	Practitioner engagement plan in process.
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
agenda.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	



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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✓ IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the current level of engagement of your physician community in the DSRIP program and describe the key challenges or risks that you foresee in implementing your plans for physician engagement and achieving the milestones described above. Describe any potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The success of any collaborative effort requires effective communication and active engagement by all participants. Practitioner communication and engagement for AHI will be challenging due to:

- The large rural geographic spread of the AHI PPS provider network.
- The degree and extent of demands on providers by numerous value-based programs currently underway in the region including, MSSP ACO, Adirondack Medical Home, and Health Homes in addition to commercial payor programs.
- Loss of institutional knowledge due to staff turnover during the duration of the DSRIP program.
- Clinical resistance to change and shift in organizational culture.

These challenges will be mitigated by:

- Adirondack Pods and the Regional Healthcare Innovation Teams (RHITs) will be a catalyst for training for smaller provider organizations.
- Practitioner Champions will play a central role in the group training and education sessions for smaller provider organizations.
- Transformation coaches and data and reporting analysts who will coordinate deployment of IT and data reporting infrastructure with the partners to minimize the duplication and impact on the practices and partner organizations.
- Train the trainer program to include electronic and printed training materials to promote easily accessible and convenient in-service opportunities to engage practitioners during onboarding and at any point during their partner-provider relationship.
- Practice champions will be the voice for evidence-based change which will be reinforced in all DSRIP communications.
- Utilization of the MIX platform to identify examples of best practice that will be shared with PPS partners.

✓ IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Our plans for practitioner engagement depend on effective, rapid and easy-to-access communications tools. We intend to continue to use a combination of communication tools, inclusive of our Vertical Response Emails, Website Blog, Go To Meetings and Webinars, and we intend to utilize the MIX platform to facilitate communication and best practice sharing between practitioners working in different provider organizations. The role of the Practitioner Champions is central to our plans for practitioner engagement. It is important that they are able to play the role we intend them to play in the governance structure – advocating to the AHI PPS Steering Committee on behalf of the practitioners they represent and communicating information back down to those practitioners effectively. To this end, our practitioner engagement is dependent on an effective governance structure and processes. Additionally, the Clinical Integration, Population Health Management (PHM), Performance Reporting, and



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Financial Sustainability work streams are integral to practitioner engagement. Making sure the practitioners have a good understanding of these work stream relationships and how these will drive payment within a value-based payment model is integral to the financial sustainability of the PPS.



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☑ IPQR Module 7.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS Director of Communications	AHI Communications Manager filling this role on an interim basis (Currently Barbara Iverson)	Oversee the development and implementation of the communication aspects of the practitioner engagement strategy
AHI PPS Workforce Manager	Kelly Owens, AHI	Oversee the development and implementation of the practitioner training program
AHI Director of Health System Transformation	Bob Cawley, AHI	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Regaion Medical Home Initiative
Adirondacks ACO, Adirondack Region Medical Home Pilot	Karen Ashline, UVM Health Network	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative
Adirondack Region Medical Home Pilot, Hudson Headwaters Health Network	Cyndi Nassivera-Reynolds, Hudson Headwaters Health Network	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative & Hudson Headwaters Health Networks plans.
Physician Champion	Adirondack Medical Home Physician Leaders: Elizabeth Buck, David "Tucker" Slingerland, and additional Champions to be recruited.	Represent physicians on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Nursing Champion	Care Management and Practice Clinical Staff from AMHI and ADK ACO practices as well as representatives from other regions	Represent nurses on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Community Care Champion	TBD	Represent care coordinators and other community care workers on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Regional / Organization-specific Practitioner Champions	TBD	Act as liaison between the Clinical Quality Committee and the PPS's downstream providers



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✓ IPQR Module 7.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioners throughout the network	Target of engagement activities	Attend training sessions; report to relevant Practitioner Champions
AHI PPS Workforce Transformation Group	Oversight of all training strategies, including practitioner education / training described above	Input into practitioner education / training plan
Clinical Quality Committee	Governance committee on which practitioner Champions sit	Monitor levels of practitioner engagement; forum for decision making about any changes to the practitioner engagement plan
External Stakeholders		
Chambers, local businesses, social and civic organizations	Education to members about the AHI PPS initiatives	Outreach
Rural Health Network	Ensure rural physicians' communication plans support the AHI PPS initiatives	Outreach
Patient and Families	Recipients of improved health care services can support PPS advocacy efforts	Advocacy/Outreach
Community Benefit Organizations	Content experts and patient liaison	Provide assistance in the development and execution of the work stream



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✓ IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The development of a shared IT infrastructure across the AHI PPS will enable the PMO to better execute our practitioner engagement plan. The IT infrastructure requirements include the support of communication between practitioners, which will be important for engaging practitioners in DSRIP and for the sharing of best practice(s). This is true both within the AHI PPS and between PPSs throughout the state. We are currently using The MIX platform, several project teams have user groups, and additional ones will be formed.

The AHI PPS is also planning to utilize Performance Logic's DSRIP Tracker for managing the DSRIP projects selected and will utilize the functionality within this tool as part of the engagement plan. This web-based project management tool will enable transparency and collaboration among participating partners within each project.

The ability for providers to share clinical information easily will also be important, not just for the improvements in clinical integration but also for the ongoing buy-in of individual practitioners. Hence, this infrastructure will include the input of Practitioner Champions and will be critical to the delivery of our practitioner engagement education and training materials.

✓ IPQR Module 7.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Measuring the success of the PPS practitioner engagement plan will begin with identification of Practitioner Champions. Input from these champions will contribute toward the progress reporting that will include the attendance levels at the practitioner engagement training events. Additionally, questionnaires pre- and post-training will be designed to assess the impact of the DSRIP program training sessions. These will be designed in collaboration with our workforce transformation team. The results of these surveys will serve as an ongoing indicator of the success and required improvements to be made to our practitioner engagement plan. We anticipate setting a target of delivering in-person education & training to a majority of practitioners in our network. We will use this metric to monitor the progress of this work stream. In addition, we will monitor the attendance at practitioner training events. The design of these training events will involve specific targets being set for the number of attendees per training. Our Practitioner Champions will be responsible for generating interest and involvement in these training programs and will be held accountable against the participation targets set in the programs' design phase.

The use of our practitioner discussion forums on the MIX platform will be another indicator of the level of engagement of practitioners in the DSRIP program. It will also allow us to identify specific groups of practitioners that are less engaged.

The Practitioner and Regional Champions will report regularly to the PMO and Clinical Quality Committee on the levels of engagement (and coordination and integration) they see amongst the group they represent.



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IPQR Module 7.9 - IA Monitoring

Instructions :



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Section 08 – Population Health Management

✓ IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The AHI PPS will work closely with the Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, Adirondack Rural Health Network (ARHN) and Population Health Improvement Program (PHIP) to develop the overall population health management approach and roadmap. This collaboration will continue beyond the planning phase and may include conducting an inventory of available data sets with individual demographic, health, and community status information, to supplement data available through the MAPP tool and/or other platforms.	Completed	Collaborate with other initiatives to develop the overall population health management approach and roadmap.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The AHI PPS will utilize consulting services to assist in developing a proposed IT infrastructure that will be required to support the population health management needs of the PPS. The	Completed	Utilize consulting services to develop IT infrastructure	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
scope of work will include capturing the PPS-wide PHM requirements via interviews with PPS partners.									
Task 3. The AHI PPS will build on the regional community health needs assessment and planning process (conducted by AHI's Adirondack Rural Health Network (ARHN) and/or AHI's Population Health Improvement Program (PHIP) to produce an annual update of the CNA.	In Progress	Build upon regional community health needs assessment to produce an annual update to CNA.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. The AHI PPS had members of their Healthcare Information Technology Work Group attend the Population Health Management vendor fair being hosted by DOH (DST) that is scheduled in June. The purpose of attending this fair is to explore the possible solutions that could meet the IT Infrastructure requirements of the PPS. Additional PHM Vendor scoping efforts will also be underway.	Completed	HIT workgroup attended PHM vendor fair in June.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. In partnership with Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, ARHN and PHIP, the AHI PPS will work to identify priority practice groups to have access to registries; evaluate IT capacity and identify gaps in IT infrastructure at a provider level that need to be addressed to support effective access to these registries.	In Progress	Identify priority practice groups to have access to registries, evaluate IT process at provider level.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Complete workforce assessment for priority practice groups' care management capabilities, including staff skills and resources required to manage the targeted populations in each geographic area.	In Progress	Complete workforce assessment for priority practice groups' care management capabilities.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. The AHI PPS will recruit project management resource(s) to work with the project 2.a.ii	Completed	Recruit project management resources	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition. The scope of work for this project manager will be to assess current state with regard to PCMH 2014 Level 3 recognition, identifying key gaps and developing an overarching plan to achieve Level 3 recognition for all relevant providers.									
Task 8. Refine priority clinical issues from the Community Needs Assessment (at a whole-PPS level and also specific priorities for specific geographic areas) to ensure alignment between undertaken projects and clinical priorities, with particular focus on targeted population. Solicit participating provider feedback before finalization.	In Progress	refine priority clinical issues form CNA at a whole PPS level	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Develop care guidelines for providers on priority clinical issues; establish metrics for each clinical area to monitor progress in managing population health.	In Progress	Develop Care guidelines for providers on priority clinical issues	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 10. AHI PPS Practice Transformation Team (Project 2a) to finalize PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant provider sites. The project management resource dedicated to project 2.a.ii will work with the participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant providers.	Completed	Practice Transformation Team to finalize roadmap for achieving NCQA 2014 PCMH Level 3 recognition	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11. Deploy staff support at provider level (as part of practitioner engagement training plan) to train providers to use and apply information learned from the registries; how to implement established care guidelines; develop disease pathways etc.	In Progress	Deploy staff support	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 12. The AHI PPS Clinical Quality Committee to review and finalize the population health management roadmap for approval by the PPS Steering Committee.	In Progress	Clinical Quality Committee to review and finalize PHM roadmap	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1. The AHI PPS will establish a process for monitoring service utilization, as needed. In doing so, the AHI PPS will leverage one of their committee's (i.e. Network Committee or Quality Committee) in performing this function. This committee will report into the Program Management Office (PMO) and will be responsible for monitoring and reporting on reductions in avoidable hospital use, as well as modeling the impact of all DSRIP projects on inpatient activity.	In Progress	Establish a process for monitoring service utilization	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. The AHI PPS will draft a model that forecasts the impact of all DSRIP projects on avoidable hospital use and utilization – both in terms of the impact on hospital services and in terms of the demand for community-based services (model will be established by DY1, Q4 and updated regularly with activity / utilization data to provide 'live' and 'forecast' pictures).	In Progress	Draft a model to forecast the impact of DSRIP projects	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Based on this modeling and in consultation with provider network, the AHI PPS will establish high-level forecasts of the following (this forecast capacity model will be updated on a regular basis throughout the 5 years). a. Reduced avoidable hospital use over time	In Progress	High level forecasts	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
b. Changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity									
Task 4. The AHI PPS will work with providers impacted by the forecast capacity change to determine their own 'first draft' capacity change plan.	Not Started	Forecast capacity change	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. The AHI PPS PMO to lead consultation on first draft capacity change plan. Consultation will include Hospitals, Nursing Homes and local county Directors of Community Services (DCSs), as well as the AHI PPS Quality and/or Network Committee. A. Distribute Draft Plan to key stakeholders and impacted providers. B. Collect feedback through various means including in-person and web-enabled work sessions. C. Document Feedback and proposed changes.	Not Started	First draft capacity change plan	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. The AHI PPS to finalize and publish final capacity change / bed reduction plan and schedule of annual updates on capacity changes across the network A. Obtain consensus on modifications to draft plan. B. Incorporate approved modifications into final plan. C. Gain approval from AHI PPS Quality and/or Finance Committees. D. Publish Final Plan using various means, including AHI website.	Not Started	Finalize and publish capacity change/bed reduction plan	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	



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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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✓ IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

POPULATION HEALTH MANAGEMENT
The AHI PPS faces challenges to achieving a cohesive, integrated, and comprehensive approach to health care delivery that focuses on preventative care. The barriers to success are:

- Disconnect between population health management issues identified at the system level and care delivery at the practice/provider level. For example, insufficient access to cardiology providers in a geographic location where cardiovascular disease is a priority.
- Prolonged focus on analysis of a given population's health needs at the expense of responding quickly to developing new services or interventions.
- The risk that a population health management approach, described in provider training and education, will become reactive over time resulting in patient-facing care managers filling clinical care gaps for individual patients immediately which is inefficient and leads to provider fatigue. AHI will mitigate the risks to achieving integrated health care in the following ways:
- Clinical integration and practitioner engagement will focus on integrating care management through the development of cross-disciplinary teams for multi-morbid patient groups.
- Care managers will assume an active role in the continuous management of patient pathways and have consistent engagement with the care management team.
- Utilize value stream mapping to identify clinical priorities with the greatest opportunity for eliminating waste and where the implementation of new, efficient support systems are likely to have the greatest effect at generating momentum amongst PPS partners.
- Reinforcement of the difference between population management-based care delivery and patient complaint-based delivery.

✓ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The development of effective population health management across the AHI PPS is highly dependent on the successful implementation of the following other work streams.

Practitioner Engagement: The PPS needs a strong and well-executed practitioner engagement plan that is focused on getting all of the practitioners on board with achieving our collective DSRIP goals. The practitioner engagement training & education described in the Practitioner Engagement section will include both the high-level principles of an approach to population health management, as well as the specific skills and behaviors that practitioners will need to adopt. Team-based population health management will only be successful if all of the PPS practitioners are fully committed to reforming their practices of care to align with our PPS objectives. The AHI PPS is focused on achieving strong buy-in from



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practitioners throughout the PPS, hence enabling our PPS to meet the goals of the DSRIP program.

Clinical Integration: Population Health Management is dependent on effective clinical integration across the full continuum of care. This requires a significant investment in Healthcare IT that allows for rapid communication and meaningful data sharing. A robust and functional set of data gathering and monitoring tools is required within a population health management solution in order to be successful. Our IT Systems and Processes work stream will utilize existing investments within our region and identify the additional IT needs that will provide the population-level health metrics required to monitor the impact and success of our population health management work stream within the AHI PPS.



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✓ IPQR Module 8.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational work stream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Population Health Management Work stream Lead	AHI Director, Health Systems Transformation (Bob Cawley)	Oversee the implementation of the population health management strategy Report its progress to the PPS executive body
Program Management Office: Service Utilization Monitoring Team	AHI Data Analyst, Forrest Hillery, and Partner-based resources	Monitor the impacts of DSRIP projects in terms of inpatient & community capacity; oversee the modeling and implementation of capacity change (including bed reductions) linked to improvements in population health management and the resulting reduction in the need for hospital-based services
AHI PPS Practice Transformation Project Team (Project 2aii)	AHI Director, Health Systems Transformation (Bob Cawley), AHI Transformation Coaches (Ruth Ann Craven) and Partner-based resources (some PPS partners have internal supports for practice transformation, and/or established contracts for this service)	AHI Director, Health Systems Transformation (Bob Cawley), AHI Transformation Coaches (Ruth Ann Craven) and Partner-based resources (some PPS partners have internal supports for practice transformation, and/or established contracts for this service)



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✓ IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AHI PPS PMO	Oversight of DSRIP projects	Jointly responsible for Bed Reduction Plan
Hospitals represented on the AHI PPS Bed Reduction Working Group	Stakeholder to bed reduction plan	Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level
Nursing homes represented on the AHI PPS Bed Reduction Working Group	Stakeholder to bed reduction plan	Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level
Professional Peer Groups	Key role in the adoption of population health management practices amongst their members	Active engagement in the development of training & education materials
CBOs, including organizations focused on crime reduction, housing, and transportation	Vital component of ensuring the success of the population health management strategy	Work with care management teams in adapting care to better serve target populations
External Stakeholders		
MCOs	Key partner in payment reform	Collaborate in PPS payment reforms (VBP) in line with VBP roadmap; provide insight into population health management approach to be implemented across the AHI PPS



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✓ IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

One of the key principles of our approach to population health management is that all care will become 'data-driven'. Our IT & Data Sharing Committee and team will be responsible for ensuring that practitioners have access to the data and tools required to allow them to develop interventions and services that will address the wider determinants of population health for their local population. This effort will be facilitated by the adoption of an AHI PPS Population Health Management solution that will help our team monitor performance of both clinical and claims-based metrics AND DSRIP population health metrics. The analysis of population-level outcome data will also be the basis for our assessment of the impact of population health management on the priority groups and clinical areas identified in our population health management roadmap (see above).

The AHI PPS IT & Data Sharing Committee will also select appropriate RHIO(s), and leadership will require all partners to connect with the selected RHIO(s) to service our attributed population. This effort will be conducted in tandem with the EHR platforms, care management, and population health management systems that we have already implemented, or are currently implementing.

✓ IPQR Module 8.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

As described above, we will monitor the impact of our population health management work stream through a combination of the DSRIP outcome measures and our own specific population health metrics. These AHI PPS-specific metrics will be identified in the population health roadmap and will be monitored by the AHI PPS PMO and reported to the Clinical Quality Committee. For example, we believe we can augment the DSRIP outcome metrics for Domain 4.A. with additional metrics that will allow us to monitor the substance abuse issue in the AHI PPS. Our goal will be to isolate metrics that are not wholly represented by the available DSRIP outcome measures, and to focus upon elements that our front-lines deem important, which is in line with our approach to Performance Management.

We will build continuous quality improvement into the population health road map, establishing time frames to re-evaluate the data sets, functionality of registries, and of our priority issues for population health management.

Our group of Practitioner Champions will also play a role in identifying groups of providers that have been particularly successful in tackling the broader determinants of health and having a measurable impact on population health. These groups of providers will then become case studies to spread best practice(s) across the PPS network.

IPQR Module 8.9 - IA Monitoring



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Instructions :



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Section 09 – Clinical Integration

✓ IPQR Module 9.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	03/31/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Prepare a Provider Landscape reference document: illustrate project by project, which partners are participating and their role (project lead(s), project partner, project stakeholder), including representation across the care continuum and CBOs.	Completed	Prepare Landscape	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop the clinical integration needs assessment tool (on a project by project basis, outline people, process, technology, and data components relevant for clinical integration; include the requirements for data sharing and interoperability). Collaborate with other PPSs, share information on The MIX,utilize Target Operating Model Toolkit (in development by KPMG) if appropriate.	In Progress	Develop Tool	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Utilize the results of the assessment to perform a gap analysis of the provider network involved in each project. Utilize the resources of the Target Operating Model Toolkit as appropriate, to prepare an illustration of provider / regional gaps in the elements necessary to support integration.	In Progress	Gap Analysis	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	04/01/2015	03/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Convene PPS Project Team 2ai. Team members include administrators, clinicians, and community-based organizations. Cross-pollinate Teams and PPS Committee membership as relevant (Finance, IT & Data Sharing, Clinical Governance & Quality, Workforce, etc.) Each Team identifies a Clinical Champion and Operational Lead.	Completed	Convene	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Project Team 2ai (Create an IDS) members participate in a facilitated workgroup to define the desired "target state". The target state includes a description of the people, processes, technology, and data, necessary to support a clinically integrated model of care.	In Progress	Define Target State	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Create the workplan (steps, dates, person / org	In Progress	Workplan	10/01/2015	03/31/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
responsible) to address the gaps identified between the current state and the target state.									
Task Identify resources needed to accomplish the workplan, including Subject Matter Experts, technology and other tools, and other human resources. Leverage existing resources (PPS Partners, ACO, Health Home, ec.) and work collaboratively to resource the plan.	In Progress	Resources	10/01/2015	03/31/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Identify steps that represent a common theme or element that is shared across projects (e.g., technology to support role-based data sharing).	In Progress	Common Steps	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop strategies to encourage the types of behaviors and practices that are necessary to achieve the target state. For example: incorporate financial incentive into partner contracts for demonstrating such behaviors; provide low-cost shared back office service.	In Progress	Develop Strategies	10/01/2015	03/31/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Obtain consultation as needed, include internal & external stakeholders, and produce a draft of the Clinical Integration Strategy. Engage the PPS Governing bodies in the development and finalization of the strategy.	In Progress	Consultation	10/01/2015	03/31/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task PPS Clinical Governance (which includes some if not all Clinical Champions), endorses the target state model and the workplan, which together, define the PPS' clinical integration strategy.	In Progress	Endorsement	01/01/2016	03/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	The AHI PPS Clinical Governance and Quality Committee has a key role in completion of the milestone and tasks; given that the committee was established in late DY1Q3 (Committee met in December for the first time) their work began in DY1Q4. Work is underway, and will continue through the next two quarters. A workgroup has been convened to develop the Clinical Integration Needs Assessment Tool. The group met on April 6th and since that time members have obtained 4 sample tools. The group meets again on May 9th to review the assessment tool options.
Develop a Clinical Integration strategy.	The AHI PPS Clinical Governance and Quality Committee has a key role in completion of the milestone and tasks; given that the committee was established late in DY1Q3 (Committee met in December for the first time), their work began in DY1Q4 and is continuing.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	



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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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✓ IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Successful clinical integration requires health information technology to support adherence to new clinical pathways and the ability to operate collaboratively across settings of care.
The major risks to AHI are:

- Health information technology readiness; and,
- Standardized care pathways across disparate organizations.

Information technology initiatives take time and resources to implement. A recent AHI survey revealed that most behavioral health and long-term care settings rely on paper documentation and are not connected to the RHIO.
In consideration of the current state of HIT readiness and clinical integration, AHI will mitigate the risk by:

- Developing a multi-phased approach that will be limited to the extent the technology is in place to support the integrated model.
- Identifying high priority HIT capabilities and devoting significant resources to establishing them early in the implementation period.
- Establishing technology requirements for participation in the PPS as determined by the IT and Data Sharing Committee and Network Committee.
- Relying on the Clinical Governance and Quality Committee to establish standardization of care pathways that involve providers from multiple settings.
- Putting a strategic communications plan in place to encourage buy-in from key change agents, including clinicians, operations, and administration.

✓ IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

As described earlier, the Clinical Integration Workstream relies extensively on IT Systems and Processes. The dependency on technology is significant, as discussed under Risks & Mitigation. The PPS will include clinicians and other end-users of technology in IT planning processes, to ensure systems and processes are developed with the needs of real-world users at the forefront. Another major dependency is with Practitioner Engagement. The Clinical Governance & Quality Committee, which will set standards, needs the trust and support of practitioners throughout the network in order to be effective. An additional dependency is with Workforce. Some providers will need training and/or professional development to acquire skills in team-based care models.



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✓ IPQR Module 9.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical Governance & Quality Committee	Colleen Florio, VP Health System Transformation (AHI) oversees Clinical Integration workstream until such time as a the Committee is established and a chair is selected.	Oversee the development of the Clinical Integration Strategy; report on progress to the PPS Board.
PPS Project Team 2ai - Integrated Delivery System Team	This team includes all AHI PPS Regional Health Innovation Team Leaders: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Peter Trout (Clinton County Community Services Board & Mental Health Clinic), Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), David "Tucker" Slingerland (Hudson Headwaters Health Network), Brian McDermott (Glens Falls Hospital), Laurence Kelly (Nathan Littauer Hospital), Geoff Peck (Nathan Littauer Hospital), Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System), Patti Hammond (Adirondack Health), and Beth Lawyer (Citizen's Advocates).	Develop and manage the Clinical Integration Strategy; report on progress to the Clinical Governance & Quality Committee.
PPS Project Team 2ai - Integrated Delivery System Team: Primary Care Representative	Hospital affiliated primary care reps: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Brian McDermott (Glens Falls Hospital), Laurence Kelly (Nathan Littauer Hospital), Geoff Peck (Nathan Littauer Hospital), Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System), Patti Hammond (Adirondack Health). FQHC Primary Care reps: Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), David "Tucker" Slingerland (Hudson Headwaters Health Network)	Liaison between primary care and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Behavioral Health Representative	Peter Trout (Clinton County Community Services Board & Mental Health Clinic), Beth Lawyer (Citizen's Advocates).	Liaison between behavioral health and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Care Management Representative	Providers of Health Home Care Management services: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), Beth Lawyer (Citizen's Advocates).	Liaison between care management and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Community Representative	TBD	Liaison between community and the clinical integration process



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Project Team 2ai - Integrated Delivery System Team: Long-Term, Home, and Community-Based Services Representative	TBD	Liaison between long-term, home, and community-based services, and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: MCO Representative	TBD	Liaison between MCOs and the clinical integration process



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IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Non-clinical service providers	Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream	"Engage in the process, including: - The consultation process; and - The training"
Clinical staff	Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream	"Engage in the process, including: - The consultation process; and - The training"
External Stakeholders		
Patients	Care improved upon by the clinical integration of the PPS	Response to consultation on clinical integration strategy
Family members	Communication with practitioners, particularly on behalf of children, the elderly, or those without mental capacity	Response to consultation on clinical integration strategy
CBOs	Supporting the development and implementation of the clinical integration strategy	Response to consultation on clinical integration strategy



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✓ IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

IT is needed to ensure the availability of the right information, to the right person/provider, at the right time. Each segment of the care continuum, and the clinics or sites within that segment, will be supported by a tailored IT plan, built on their current state of readiness, and designed to move them to a level that supports their effectiveness in clinically integrated care models. The PPS has begun to establish a technology roadmap. An HIT Workgroup has been in place for many months; upon establishment of the Governance, the next iteration of this group will become the IT & Data Sharing Committee. The Committee will work closely with the Clinical Governance & Quality Committee. The two Committees will work together to finalize the technology roadmap. AHI PPS is currently taking part in the Target Operating Model (TOM) pilot, and will leverage the experience – and the Toolkit – to support the Clinical Integration Workstream.

✓ IPQR Module 9.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Progress on the Clinical Integration Workstream will be measured against two prescribed milestones, including completion of a clinical integration needs assessment and the clinical integration strategy. Additionally, the Domain 3 quality measures are key indicators of the success of the clinical integration activities. Finally, progress will be monitored through surveys and/or focus groups of patients and providers that are designed to identify the specific links in patient pathways where information sharing and collaboration could be improved. Several items on the patient experience survey are relevant. AHI hosts a Summit each year, which would provide an opportunity for focus groups.

IPQR Module 9.9 - IA Monitoring:

Instructions :



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Section 10 – General Project Reporting

✓ IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

Integration of Palliative Care in the PCMH.

The Teams will each have clinical & operational leads, and are supported by a Project Manager (PM). The leaders set meeting agendas, identify needed resources, and disseminate information (reports) to their teams. The PM coordinates meetings, obtains resources for the team, and produces progress and performance reports. PMs are assigned to one or more projects, and as a group, they are led by the PMO Director. This team drives the overall timeline and achievement of the deliverables.

At this point in time, the Team structure is very project focused. Once roles are filled, contracts are established, and all partners are fully engaged in project implementations, we expect the Teams to evolve into a structure that is organized around common patient care pathways, and/or capabilities (such as care coordination/care management), that underlie multiple projects. First, we need to mobilize Teams around project requirements and implementation plans, and do the coordination of common pathways/capabilities across projects at the PMO level.

The PMO relies on The MIX to support communication; 5 private groups have been established on The MIX and are being used to share information among teams, and generate discussions. The PMs moderate their own MIX groups, and work to build engagement in this communication platform, which is an important adjunct to meetings and webinars.

The PMO and Project Teams will rely on Performance Logic's DSRIP Tracker Tool as the project management platform. The Tool will allow role-based access; users will be able to upload required reports, view progress, and generate reports. The Tool allows the PMs to track progress, gather information, and generate reports.

✓ IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

Instructions :

Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

The AHI PPS is pursuing 11 projects and establishing the PPS infrastructure at the same time. Project requirements, strategies, staff and budgets, are inter-related across projects and infrastructure work streams. As such, the PMO, the Project Teams, and the Governance (including Finance, IT, Clinical Quality, etc.) will need to be more than "coordinated"; the functions will need to be integrated. Several strategies will be used to achieve



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this: cross-pollination of Committees and workgroups with representatives of related work streams, careful development of agendas to include the necessary status reports from related work streams, and communications platforms that allow for easy sharing of information across initiatives. The PPS is leveraging The MIX for discussion groups, and will also utilize the DSRIP Tracker Project Management platform, to manage the integrated functions.

The AHI PPS is currently taking steps to ensure the PMO is adequately resourced to manage the complexity described above. Three Project Managers have been recruited, two more are anticipated, and additional Project Management capacity is available via a contracted resource. The team will be manage the overlapping project requirements, and will rely on the "Conceptualizing PPS Project Requirements" resource provided by the DSRIP Support Team.



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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS PMO	Project Managers: Heather Bradley, Jill Rock, Betsey Towne	The PMO monitors progress and produces reports for PPS partners, Project Teams and Governing bodies, as well as the NYS DOH. The PMO is the central link between the Project Teams and the Workstreams (Finance, Workforce, IT, etc.). The PMO monitors progress and identifies risks for all Projects and Workstreams, and engages PPS leadership/Governance as needed.
Clinical Governance & Quality Committee	Oversees clinical quality for all projects	The PPS Clinical Governance & Quality Committee will establish a structure for managing Clinical Quality of all projects (sub-committees or workgroups will be established that cover 1 or more related projects).
Project Team Leaders	At this time, there are over 50 individuals leading projects in their regions. Given the large geography of the AHI PPS, we have organized into sub-regions, each area has leadership in place for their Project Teams.	Project co-leads (clinical & operational) drive the Project Implementation, supported by a Project Manager



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IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AHI PPS Finance Committee	Financial Impact Monitoring	The Finance Committee will monitor the impact of the DSRIP Projects on the financial health of the network and providers. The Finance Committee will include AHI's CFO, who will work closely with the AHI PMO.
AHI PPS Workforce Committee & Workforce Manager	Manage the delivery of the workforce strategy through the project teams.	Manager will work closely with the Project Teams, to identify and develop the Workforce Strategies, and to coordinate efforts across projects to achieve efficiencies. The Workforce Manager will be responsible for the quarterly reporting of Workforce numbers (supplied by the Project Teams)
AHI PPS IT & Data Sharing Committee	Identify and establish a plan for, the IT needs of the Projects.	The AHI PPS IT & Data Sharing Committee will be staffed by an AHI Senior Manager, who is the liaison between this Committee and the AHI PPS PMO. The Committee will have the overall responsibility for management of the IT and Data Sharing initiatives.
Compliance Committee	Establish and Monitor the PPS Compliance Plan	Review PPS conduct in terms of adherence to the applicable guidelines, laws, and regulations.
Community & Beneficiary Engagement Committee	Manages PPS relationships with patients, consumers, and CBOs	Coordinate patient and community outreach and engagement activities.
External Stakeholders		
Patient Advisory Councils	Patient Group	Some PPS partners have established Patient Advisory Councils, these groups will be engaged in the PPS to provide feedback, views, opinions, that can inform the development of the Projects.
Ellis Medicine PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation
North Country Initiative PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation
Albany Med PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		service areas and providers; coordinate to avoid redundancy/overlap in project implementation
Labor Representatives (union, staff of non-unionized employers)	Labor Representation	PPS Partners have identified labor representatives (the union rep, or a staff member for non-unionized employers) that are taking part in the Workforce Committee and providing input in the development of the Workforce Strategy.
Directors of Community Services / Community Services Boards/ Local Governmental Units	Project Planning and Implementation Support	PPS has engaged with LGUs for project planning support including the development and incorporation of projects into county service plans as appropriate
OMH, OPWDD, OASAS	Project Implementation Support	Provide insight into best practices with respect to the implementation of all projects - particularly 2.a.i. and 3.a.i.
Office for the Aging	Project Implementation Support	Provide insight into best practices with respect to the implementation of all projects - particularly 2.b.viii and 3.g.i.



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✓ IPQR Module 10.5 - IT Requirements

Instructions :

Information technology will play a crucial role in the development of an effective, integrated performing provider system. It is likely that most projects will require some level of supporting IT infrastructure. Please describe the key elements of IT infrastructure development that will play a role in multiple projects.

The Project Implementations will be supported by regional IT infrastructure. The HIT Workgroup is currently developing the PPS Technology Roadmap, which will include a timeline that reflects PPS-wide priorities. There are specific IT capabilities and data sharing protocols that will support multiple projects, and multiple project requirements. These high priority elements will be undertaken early in the IT implementation plan.

The AHI PPS conducted a high-level current state assessment that identified significant variation in the network in terms of providers access to, and use of, electronic patient information. The HIT Workgroup will transition to an IT & Data Sharing Committee, which will drive greater use of interoperable health IT platforms. The PMO will be responsible for ensuring that each of the DSRIP projects is tied into the IT planning and implementation in the appropriate fashion. The overarching multi-project IT initiative of the AHI PPS will be the Population Health Management System. The PHM functionality will be central to multiple projects.

✓ IPQR Module 10.6 - Performance Monitoring

Instructions :

Please explain how your DSRIP projects will fit into your development of a quality performance reporting system and culture.

The DSRIP projects are central to the development of a quality performance reporting system and culture. It is through each project team that the PPS promotes a culture of quality improvement and accountability. The Project Teams and PMO processes and tools provide the PPS with the opportunity to optimize and standardize processes that are necessary to realize the desired outcomes.

For each individual project, the project co-leads will oversee the creation and continuous improvement of the multi-disciplinary care pathways that support the delivery of the project. The leads will communicate performance, in relation to goals, to Project Teams and partner organizations. Project Leads will have a key role in the data & analytics work stream; they will contribute to the development of performance dashboards and other reporting tools. The leads will identify resources needed for Project success, including clinical specialists, CBOs, training, or other resources.

The AHI PPS PMO will be responsible for consolidating all performance reporting metrics and measures – including the project-specific performance dashboards described above, and the DSRIP outcome measures – and reporting the most critical or high-risk metrics up to the Clinical Governance & Quality Committee and the PPS Executive Governance Body.



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✓ IPQR Module 10.7 - Community Engagement

Instructions :

Please describe your PPS's planned approach for driving community involvement in the DSRIP projects, how you will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any risks associated with this.

The AHI PPS has a multi-pronged approach to engaging the community in the PPS projects. First, the governance includes a Community & Beneficiary Engagement Committee. This group provides community representatives with a direct line of communication to the PPS Executive Governance Body. Second, the PPS will work closely with the Population Health Improvement Program (AHI is the PHIP contractor in this region) and the area's Rural Health Networks to leverage existing community groups & forums to provide insight and guidance to the PPS with regards to the projects, and to assist the PPS in identifying opportunities for collaboration.

The role of any given community based organization varies by project. We expect extensive CBO engagement and contracting under project 2.d.i and many CBOs are already committed to partnering on the implementation.

IPQR Module 10.8 - IA Monitoring

Instructions :



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Section 11 – Workforce

✔ IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions :

Please include details on expected workforce spending on a semi-annual basis. Funds may be shifted from one funding type category to another within the workforce strategy spending table, as long as the PPS adheres to their overall spend commitments. However, the PPS may apply a 25% discount factor to the DY1 Workforce Strategy Spend target. If the PPS applies this discount in DY1, the PPS will be expected to reallocate those funds appropriately in DY2-4 to fully meet their DY1-4 total commitment.

Funding Type	Year/Quarter										Total Spending(\$)
	DY1(Q1/Q2)(\$)	DY1(Q3/Q4)(\$)	DY2(Q1/Q2)(\$)	DY2(Q3/Q4)(\$)	DY3(Q1/Q2)(\$)	DY3(Q3/Q4)(\$)	DY4(Q1/Q2)(\$)	DY4(Q3/Q4)(\$)	DY5(Q1/Q2)(\$)	DY5(Q3/Q4)(\$)	
Retraining	0.00	750,000.00	385,000.00	715,000.00	155,000.00	232,500.00	90,000.00	135,000.00	40,000.00	60,000.00	2,562,500.00
Redeployment	0.00	0.00	35,000.00	65,000.00	20,000.00	30,000.00	20,000.00	30,000.00	2,000.00	3,000.00	205,000.00
New Hires	0.00	125,000.00	350,000.00	650,000.00	245,000.00	367,500.00	90,000.00	135,000.00	18,000.00	27,000.00	2,007,500.00
Other	0.00	250,000.00	140,000.00	260,000.00	90,000.00	135,000.00	80,000.00	120,000.00	40,000.00	60,000.00	1,175,000.00
Total Expenditures	0.00	1,125,000.00	910,000.00	1,690,000.00	510,000.00	765,000.00	280,000.00	420,000.00	100,000.00	150,000.00	5,950,000.00

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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✔ IPQR Module 11.2 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Please note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	In Progress	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 4: Complete future state assessment identifying future workforce demand based on anticipated needs of project implementation.	In Progress	complete assessment	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Report information/updates to Workgroups	In Progress	report updates	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Final analysis approved by the Workforce Committee.	In Progress	final analysis	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 1: Establish Workforce Workgroups (which include individuals with subject matter expertise and experience and representatives from AHI) who will be tasked with planning and implementation efforts as laid out in the implementation plan. The Workforce Workgroups are: Compensation and Benefits Workgroup, Employee Engagement Workgroup, Recruitment and Retention Workgroup and Training and Resources Workgroup. Other workgroups may be created if deemed necessary for planning and implementation.	Completed	establish workgroups	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Contract with the Center for Health Workforce Studies to assist in plan development to capture the target workforce state.	Completed	contract to assist in development	09/01/2015	03/31/2016	09/01/2015	02/29/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3: Collaborate with the Albany Medical Center PPS and Alliance For Better Health Care PPS on job title descriptions that will assist in defining the professions within the target workforce state.	Completed	collaborate between PPS's	10/15/2015	12/31/2015	10/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	In Progress	Completed workforce transition roadmap, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 4: The Workforce Committee will review and approve workforce transition roadmap (including timeline for the transition of the workforce from the current state to the future state).	In Progress	review and approve transition roadmap	03/01/2016	09/30/2016	03/02/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Utilizing information from the gap analysis and transition roadmap, complete an impact assessment identifying impact by role and organization (low, medium, high)	Not Started	complete an impact assessment	03/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2: Based on the findings of the future state assessment and current state assessments, develop consolidated map of specific changes required to the workforce in order to achieve the essential workforce for successful project implementation. Define the timeline of when these changes will need to take place and what the dependencies are for all training, redeployment and hiring in line with project timeline and needs.	In Progress	develop map of specific changes required	01/15/2016	09/30/2016	01/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 1: Develop the Workforce Committee, which will be the governing body for workforce planning and programming. The Committee will define how and by whom decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off on. The	Completed	Develop workforce committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Committee will be comprised of the Workforce Committee Chair, leaders of the designated workgroups, union representatives, human resources representatives, workforce experts, individuals with experience in curriculum development and representatives from AHI.									
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	In Progress	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 7: The Workforce Committee will review and approve recruitment strategies for new hire and employee retention needs based on findings of the gap analysis.	In Progress	review and approve strategies for recruitment	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6: The Recruitment and Retention Workgroup will develop strategies to attract potential new hires to new opportunities as a result of DSRIP project implementation.	In Progress	develop recruitment and retention strategies	11/15/2015	09/30/2016	11/15/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5: Analyze gap analysis and need for new hires along with training and redeployment needs. Review/revise workforce budget based on projections over the duration of project implementation	Not Started	gap analysis	03/01/2016	09/30/2016	04/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Map current state analysis against future workforce needs to identify workforce gaps and new hire needs.	In Progress	Map current state against future needs to identify gaps	03/31/2016	06/30/2016	03/21/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: Perform current state assessment.	Completed	perform current state assessment	01/15/2016	03/31/2016	01/26/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Workforce Committee to approve the process to complete current state assessment.	Completed	approve process for assessment	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task "Step 1: Retain the Center for Health Workforce Studies to perform current state assessment of	Completed	assess current state of staff across PPS	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
staff availability across the PPS and partner organizations, which will identify: - Staff who could fill future state roles through up-skilling and training; - Staff who could potentially be redeployed directly into future state roles "									
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	In Progress	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 5: The Compensation and Benefits Workgroup will develop a plan to identify the number of full and partial placements across the AHI PPS and identify the impact to compensation and benefits. The Workgroup includes representatives from unions and regional Departments of Labor to assist in analysis.	On Hold	identify redeployment numbers and identify the impact to compensation and benefits.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 4: Utilizing data from the current state analysis and transition roadmap, identify the origin and destination of staff who may be redeployed to understand the changes and impact to jobs and partner organizations.	Not Started	utilize analysis and roadmap to understand the potential impact on partner organizations	03/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: Collaborate with the Albany Medical Center PPS and Alliance For Better Health Care PPS on job title descriptions that will assist in defining the professions within the target workforce state and compensation and benefits analysis.	Completed	Collaborate with other PPS's to define target professions	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: The Workforce Committee will approve the process to proceed with Compensation and Benefit Analysis.	Completed	approve compensation and benefit analysis process	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	develop a baseline compensation and benefits analysis	04/01/2015	03/31/2020	01/01/2016	02/29/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 1: The Compensation and Benefits Workgroup, working with the Center for Health Workforce Studies, will develop a baseline compensation and benefits analysis based on guidelines provided by NYS DOH.									
Task Step 7: The Workforce Committee will review and finalize compensation and benefit analysis and employee engagement policies	On Hold	finalize compensation and benefit analysis and employee engagement policies	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 6: Employee Engagement Work Group will direct the development and incorporation of policies for impacted staff who face partial placement, as well as those staff who refuse retraining or redeployment. The Employee Engagement Workgroup includes union and regional Departments of Labor to assist in planning.	In Progress	development and incorporation of policies	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task # 5 The Workforce Committee will develop a plan to identify the number of full and partial placements accross the AHI PPS and identify the impact to compensation and benefits. The Committee includes both employer and union representation.	In Progress	Develop a plan to identify placements across the AHI PPS	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task #1 The Compensation and Benefits Work Group, working with the Center for Health Workforce Studies, will develop a baseline compensation and benefits analysis tool based on guidelines provided by NYS DOH.	On Hold	Work with Center for Health Workforce Studies.	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task #7 The Workforce Committee will review and finalize the compensation and benefits analysis and employee engagement policies.	In Progress	Finalize analysis and engagement policies.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	In Progress	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task	In Progress	outline training needs	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 1: The Training and Resources Work Group will outline current state training needs based on the gap analysis and transition roadmap which may also include surveys and interviews.									
Task Step 4: Develop and finalize Training Strategy based on transition roadmap, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.) as well as methods of tracking.	In Progress	develop and finalize training strategy	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Develop a tool to measure training effectiveness in relation to established goals within the training strategy.	In Progress	measure effectiveness of training	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2: The Training and Resources Workgroup will identify training resources (education and other training resources) that are currently available within the PPS and identify resources that can be provided via web-based learning or are available outside the AHI PPS region.	In Progress	identify resources	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: The Workforce Committee will review and approve the training plan.	Not Started	review and approve training plan	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5: Finalize detailed Training Plan (based on Training Strategy), including methods, channels and key messages required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery.	In Progress	finalize detailed plan	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training strategy.	dlarose	Training Documentation	23_MDL1103_1_4_20160418120946_workforce_training_schedule_DY1Q4Mapp_201604013.xlsx	Workforce Training Schedule	04/18/2016 12:09 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	
Create a workforce transition roadmap for achieving defined target workforce state.	
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	
Develop training strategy.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



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IPQR Module 11.3 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

"The key risks we have identified that could impact our ability to meet our baseline process measures in the future are:

1. Competition from the overlapping PPSs in the adjacent regions to AHI over high-demand positions. We will collaborate with neighboring PPSs in our region and strive for equitable access among PPSs for staff hiring high-demand staff. Regular discussions will take place with the goal of ensuring the future state workforce needs of both PPSs are met.
2. Difficulty recruiting for providers in the AHI PPS network, particularly for relatively low-paid roles, in light of the challenges in a rural area, compared to other PPSs in the State that will also be recruiting for the same positions. To mitigate this risk, we will employ a strategy that looks beyond our immediate region for recruiting, and we will also build relationships with local education institutions, to build a pipeline for high-need positions.
3. The possibility of DSRIP funding being lower than expected (due to variations in achievement values and associated process payments). We expect our workforce strategy to have a relatively high proportion of new hires (as opposed to redeployment / retraining), which leads to an expensive workforce transformation. As such, variations in DSRIP revenues present a significant risk. Should this take place, this PPS will return to core analyses to determine the best and more cost-effective contingency strategies that still allow major DSRIP goals to be achieved with available workforce.
4. A lot of requirements and projects, including 2 a i, depend on the successful implementation of an electronic health records system, as well as the necessary training and change management and engagement support to ensure that impacted staff are ready, willing, and able to succeed with the new system. In order to execute the activities to support these endeavors in a timely and effective manner, AHI PPS has begun discussions with consultants to provide technical assistance. We will institute strict project management and reporting protocols to ensure that we remain on track and on schedule with regard to getting our people, processes, and technology ready for success in the DSRIP future.
5. AHI PPS may have difficulty obtaining buy-in and support from frontline workers and key stakeholders, which in turn could impact DSRIP project success. To mitigate this risk, it will be important for our PPS to include union representation in all committee structures as a means to gain worker support at all levels. A comprehensive change management strategy will also support this effort.

"

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

"A number of interdependencies exist between our workforce transformation plans and other organizational workstreams. First, given the significance of the workforce budget and the importance of directing funds to the providers in our network to support their training and redeployment needs, the connection between our PPS workforce transformation team and the AHI PPS Finance Function is crucial. AHI's CFO will



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provide frequent timely reports to the key internal workforce contacts including the VP, Director and Manager listed.

There is also a relationship between the training components of our workforce transformation plans and our cultural competency strategy. As well as the clinical and technical training that will be required for many impacted staff members, training linked to the cultural competency and health literacy strategy will be needed so that key staff members, including doctors, nurses, and patient navigators, are able to communicate in an effective way with our entire patient population, and so that they can understand the challenges related to poor health literacy. To this end, we will develop the training elements of our cultural competency strategy in tandem with our overarching training strategy.

Further, workforce is closely tied to clinical integration, as much of the retraining of the workforce will focus on creating more integrated multi-disciplinary teams that cross organizational boundaries. As well as retraining, redeployment will be critical in ensuring that the right staff are placed in the right location to support better clinical integration and the success of projects.



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✓ IPQR Module 11.6 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
VP, Regional Health Planning and Development for AHI PPS	Lottie Jameson	Provide oversight and input into the development of workforce initiatives
Community Health Services Director for the AHI PPS	Megan Murphy	Provide oversight and input into the development of workforce initiatives
Workforce Manager	Kelly Owens	Dedicated Workforce Manager accountable for development of IP and execution of all workforce-related activities
Workforce Committee Chair	Mike Lee	The Chief Human Resources Officer for Adirondack Health System, located in Saranac Lake with extensive health care experience in acute care, long term care, hospice, home care and health systems. He will provide leadership to the Workforce Committee and Leadership Team for successful implementation of workforce activities.
Training and Resources Work Group	Various individuals from the Workforce Committee	Identify training gaps and key training resources available to achieve success in implementation plan activities.
Compensation and Benefits Work Group	Various individuals from the Workforce Committee	Work with organizations to compare current salary ranges for positions and future expectations. Develop a template to clearly summarize key factors of current and new positions.
Employee Engagement Work Group	Various individuals from the Workforce Committee	Develop a communication plan with employees related to DSRIP and strategy to work with impacted employees.
Workforce Training Vendor	Iroquois Health Alliance	Training vendor with extensive experience in education of health care professionals in acute care setting with on-line training that can provide training to support retraining needs.
Workforce Training Vendor	Hudson Mohawk Area Health Education Center (HM AHEC)	Training vendor with experience in coordinating training in areas key to many projects that can support the execution of workforce related activities and provide necessary training sessions identified to support retraining needs.
Workforce Training Vendor	Northern Area Health Education Center (NAHEC)	Training vendor with experience the education of health care professionals via on-line portals and in person training that can support provide training to support retraining needs.
Labor Representation	1199 SEIU - United Health Workers East	Labor organization that, through participation on the Workforce Committee and each of its work groups, can provide insights and expertise into likely workforce impacts, staffing models, and key job



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		categories that will require retraining, redeployment, or hiring
Workforce Consultant	Center for Health Workforce Studies	Responsible for the coordination and execution of workforce activities and analyses, participating as part of the Project Team.
Workforce Leadership Team	Workforce Committee Chair, Work Group leaders, designation AHI PPS Workforce staff	Define how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off.
Workforce Project Team	Workforce Committee Chair, Work Group leaders, Center for Health Workforce Studies, Iroquois Health Alliance, HM AHEC, NAHEC and the State University of New York (SUNY) along with Workforce Manager	Individuals responsible for executing or supporting the execution of key portions of the Implementation Plan activities



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✓ IPQR Module 11.7 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Cathy Homkey	CEO, AHI	Oversight in all PPS activities
Eric Burton	CFO, AHI	Financial oversight
Colleen Florio	VP, Health System Transformation for AHI PPS	Oversight in overall PPS activities
External Stakeholders		
Workforce Advisory Council	Workforce advisory group	Subject matter experts and interested parties who will share information and recommendations related to implementation efforts including analyses of current and future state, transition roadmap, compensation and benefits analysis, and training strategy
1199 SEIU - UHWE	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects
United Food and Commercial Workers	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects
Training Vendor	Training Vendor	Technical training curriculum development and on-line training, tracking ability related to training initiatives
Center for Health Workforce Studies	Workforce Consultant	Coordination and execution of workforce activities and analysis
Albany Medical Center PPS	Neighboring PPS	Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources.
Alliance For Better Health Care PPS	Neighboring PPS	Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources.
Samaritan Medical Center PPS	Neighboring PPS	Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources.



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✓ IPQR Module 11.8 - IT Expectations

Instructions :

Please describe how the development of shared IT infrastructure across the PPS will support your plans for workforce transformation.

The relationship between IT and Workforce is an important one, and alignment between these two workstreams at AHI PPS will be critical to DSRIP success. First, once our training strategy and plan are implemented, we will rely on IT platforms significantly to track training progress (e.g. tracking who's been trained, the subject matter of the training, when the training took place, certification levels, etc.). This will require a cross-member organization learning management system (LMS) capability. Second, as AHI PPS begins to execute the workforce transition roadmap, we will rely on IT capabilities to track staff movement and changes across the PPS (e.g. redeployed staff, net new hires). AHI PPS will need a central IT system that is capable of tracking workforce changes, and is also capable of gathering data and information related to workforce changes in a seamless and timely fashion. Along the same lines, this system will also be necessary when the time comes to report workforce process measures on quarterly progress reports, as these figures (number and percentages of redeployed/retrained/hired staff, workforce budget) will need to be tracked and analyzed using this central IT platform. Finally, as we undertake this large-scale workforce transformation, a central IT system will enable AHI PPS to track open positions and staffing needs across the PPS, essentially creating a job board, so that impacted workers (or those whose current jobs are at risk of elimination) have the ability to see job availability across the member organizations.

✓ IPQR Module 11.9 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

"The headline measures of the success of our workforce transformation program will be the targets of redeployed, trained, retrained, and hired staff and the workforce budget, as articulated in the baseline information to be provided later in DY1. AHI PPS will utilize a project management database to collect and report this data. We have established a reporting structure for these numbers that allows us to gather information from our whole network on a quarterly basis and funnel this information to the workforce team, who in turn will oversee its reporting. Each of the DSRIP project managers meet with weekly or biweekly with the Workforce Manager and reporting information will be shared which will then be discussed with the AHI PPS Workforce Workgroups (Compensation and Benefits, Employee Engagement, Recruitment and Retention, and Training and Resources), in order to ensure the Workforce Workgroups have a real-time view of how the recruitment, redeployment, training and retraining efforts are impacting individual projects. This will allow us to manage any risks as they arise. The Workforce Committee, with guidance and assistance from the Workforce Workgroups and dedicated AHI PPS Workforce staff, will develop a process to manage the data collection and ratification for the quarterly progress reports, and will communicate this with all organizations in the PPS network.

"

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IPQR Module 11.10 - Staff Impact

Instructions :

Please include details on workforce staffing impacts on an annual basis. For each DSRIP year, please indicate the number of individuals in each of the categories below that will be impacted. 'Impacted' is defined as those individuals that are retrained, redeployed, recruited, or whose employment is otherwise affected.

Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Physicians	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties (Except Psychiatrists)	0	0	0	0	0	0
Physician Assistants	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties	0	0	0	0	0	0
Nurse Practitioners	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties (Except Psychiatric NPs)	0	0	0	0	0	0
Midwives	0	0	0	0	0	0
Midwives	0	0	0	0	0	0
Nursing	0	0	0	0	0	0
Nurse Managers/Supervisors	0	0	0	0	0	0
Staff Registered Nurses	0	0	0	0	0	0
Other Registered Nurses (Utilization Review, Staff Development, etc.)	0	0	0	0	0	0
LPNs	0	0	0	0	0	0
Other	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Medical Assistants	0	0	0	0	0	0
Nurse Aides/Assistants	0	0	0	0	0	0
Patient Care Techs	0	0	0	0	0	0

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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Clinical Laboratory Technologists and Technicians	0	0	0	0	0	0
Other	0	0	0	0	0	0
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	0	0	0	0	0	0
Psychiatrists	0	0	0	0	0	0
Psychologists	0	0	0	0	0	0
Psychiatric Nurse Practitioners	0	0	0	0	0	0
Licensed Clinical Social Workers	0	0	0	0	0	0
Substance Abuse and Behavioral Disorder Counselors	0	0	0	0	0	0
Other Mental Health/Substance Abuse Titles Requiring Certification	0	0	0	0	0	0
Social and Human Service Assistants	0	0	0	0	0	0
Psychiatric Aides/Techs	0	0	0	0	0	0
Other	0	0	0	0	0	0
Nursing Care Managers/Coordinators/Navigators/Coaches	0	0	0	0	0	0
RN Care Coordinators/Case Managers/Care Transitions	0	0	0	0	0	0
LPN Care Coordinators/Case Managers	0	0	0	0	0	0
Social Worker Case Management/Care Management	0	0	0	0	0	0
Bachelor's Social Work	0	0	0	0	0	0
Licensed Masters Social Workers	0	0	0	0	0	0
Social Worker Care Coordinators/Case Managers/Care Transition	0	0	0	0	0	0
Other	0	0	0	0	0	0
Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	0	0	0	0	0	0
Care Manager/Coordinator (Bachelor's degree required)	0	0	0	0	0	0
Care or Patient Navigator	0	0	0	0	0	0
Community Health Worker (All education levels and training)	0	0	0	0	0	0

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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Peer Support Worker (All education levels)	0	0	0	0	0	0
Other Requiring High School Diplomas	0	0	0	0	0	0
Other Requiring Associates or Certificate	0	0	0	0	0	0
Other Requiring Bachelor's Degree or Above	0	0	0	0	0	0
Other Requiring Master's Degree or Above	0	0	0	0	0	0
Patient Education	0	0	0	0	0	0
Certified Asthma Educators	0	0	0	0	0	0
Certified Diabetes Educators	0	0	0	0	0	0
Health Coach	0	0	0	0	0	0
Health Educators	0	0	0	0	0	0
Other	0	0	0	0	0	0
Administrative Staff -- All Titles	0	0	0	0	0	0
Executive Staff	0	0	0	0	0	0
Financial	0	0	0	0	0	0
Human Resources	0	0	0	0	0	0
Other	0	0	0	0	0	0
Administrative Support -- All Titles	0	0	0	0	0	0
Office Clerks	0	0	0	0	0	0
Secretaries and Administrative Assistants	0	0	0	0	0	0
Coders/Billers	0	0	0	0	0	0
Dietary/Food Service	0	0	0	0	0	0
Financial Service Representatives	0	0	0	0	0	0
Housekeeping	0	0	0	0	0	0
Medical Interpreters	0	0	0	0	0	0
Patient Service Representatives	0	0	0	0	0	0
Transportation	0	0	0	0	0	0

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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Other	0	0	0	0	0	0
Janitors and cleaners	0	0	0	0	0	0
Janitors and cleaners	0	0	0	0	0	0
Health Information Technology	0	0	0	0	0	0
Health Information Technology Managers	0	0	0	0	0	0
Hardware Maintenance	0	0	0	0	0	0
Software Programmers	0	0	0	0	0	0
Technical Support	0	0	0	0	0	0
Other	0	0	0	0	0	0
Home Health Care	0	0	0	0	0	0
Certified Home Health Aides	0	0	0	0	0	0
Personal Care Aides	0	0	0	0	0	0
Other	0	0	0	0	0	0
Other Allied Health	0	0	0	0	0	0
Nutritionists/Dieticians	0	0	0	0	0	0
Occupational Therapists	0	0	0	0	0	0
Occupational Therapy Assistants/Aides	0	0	0	0	0	0
Pharmacists	0	0	0	0	0	0
Pharmacy Technicians	0	0	0	0	0	0
Physical Therapists	0	0	0	0	0	0
Physical Therapy Assistants/Aides	0	0	0	0	0	0
Respiratory Therapists	0	0	0	0	0	0
Speech Language Pathologists	0	0	0	0	0	0
Other	0	0	0	0	0	0



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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :



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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

Please include workforce spend dollar amounts for DY1. The workforce spend amounts should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. Funds may be shifted from one funding type category to another within the workforce strategy spending table; e.g., from Retraining to New Hires.

Benchmarks	
Year	Amount(\$)
Total DY1 Spending Commitment	1,125,000.00

Funding Type	Workforce Spending Actuals		Total Spending(\$)	Percent of Commitments Expended
	DY1(Q1/Q2)(\$)	DY1(Q3/Q4)(\$)		
Retraining	0.00	205,757.08	205,757.08	27.43%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	542,996.62	542,996.62	434.40%
Other	0.00	241,295.73	241,295.73	96.52%
Total Expenditures	0.00	990,049.43	990,049.43	88.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
leebrad	Other	23_MD1122_1_4_20160429132843_Narrative_Workforce_Strategy_Spending.docx	Workforce Spending Narrative	04/29/2016 01:29 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 11.12 - IA Monitoring:

Instructions :



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Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

✓ IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The major risks to developing an Integrated Delivery System (IDS) is the potential for lack of provider/partner engagement and commitment to the IDS, and the level of technological integration required under DSRIP.

- A number of health care providers who have some experience with clinical integration and performance based payment models are increasingly strained by new technical and reporting requirements, and operational changes.
- A number of health care providers are having increased demands on their time as a result of multiple requests for participation in governance and program/network development.
- Hospital and primary care providers are also under pressure to advance the current level of integration by including new partners such as behavioral health and substance abuse providers.
- The cost and complexity of a regional health information technology initiative runs the risk of drawing too large a share of the PPS' resources and leaving other areas under-funded.

These risks can be mitigated, in part, with careful development of shared governance and a shared vision for the PPS.

- To date, over 100 unique organizations have taken part in planning forums that contributed to the development of Regional Health Innovation Teams, and subsequent interim shared governance structure (the PPS Steering Committee and related Workgroups). These forums have kept partners engaged in the development of the PPS.
- AHI will continue engagement at all levels to increase buy-in, and to ensure a governance model that is coordinated with existing initiatives to create efficiencies.
- The performance management team at AHI is growing to allow AHI leadership more time to devote to vital provider/partner engagement activities.
- AHI will leverage The MIX platform for communication and engagement across the network.
- AHI will monitor the level of partner engagement by tracking the number of partners that are "active" in the project. The indicators that will define active partners will include:
 - o participation in Regional Health Innovation Team meetings;
 - o the use of patient registries;
 - o involvement in coordinated care management (e.g. multidisciplinary team care planning); and
 - o the use of an EHR with MU certification and connection to the SHIN-NY/QE.
- The PPS will require a strong shared governance model that can allocate resources in a manner that best achieves the vision and goals of the PPS in a balanced manner.
- The PPS is developing a regional technology plan that includes prioritized investments in a phased approach to enable the Governance to make informed HIT investment decisions.



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- The PPS is coordinating HIT planning efforts with the Adirondack ACO, to leverage existing population health management systems and capabilities to support the development of an integrated delivery system.



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IPQR Module 2.a.i.2 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Utilize Network Committee (to be established under Governance) to develop work plan.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Define PPS administrative staffing plan, including identifying Network Management resources dedicated to managing and building an appropriate network.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Analyze current state of network adequacy, taking into consideration the geographic distribution of Medicaid and uninsured populations, and their health needs, in relation to the set of providers that have signed a commitment letter to participate in the PPS.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish a network development strategy (short & long-term) focusing on adding new providers and/or expanding capacity in underserved areas.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Provide the Workforce Committee (to be established under Governance) with information on the Network Development strategy, as it may be informative for the Workforce Development plans.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Task Work with Community and Beneficiary Engagement Committee (to be established under Governance) to develop CBO inclusion/adequacy strategy.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop list of target CBOs and define plan for ongoing engagement/inclusion.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Finance Committee to develop payer engagement strategy.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop list of target payers and define plan for engagement in PPS activities.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS produces a list of participating HHs and ACOs.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Evaluate existing population health management capabilities, including those of the Adirondack Region Medical Home Initiative, the AHI Health Home, and the Adirondacks ACO.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish a collaborative planning process. Include Medical Home, ACO, and HH, decision-makers in the PPS HIT Workgroup; provide PPS representation to the Medical Home Governance Committee and the Adirondacks ACO Informatics Committee.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Align the committees that govern technology plans and investments (including population health management systems) and those that govern clinical quality, patient and beneficiary engagement, where feasible. Alignment plan will take into		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2



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consideration the governance requirements of the various legal entities.										
Task Incorporate Health Home outreach and care management capabilities in the appropriate project plans.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Evaluate current state of measures alignment: prepare metrics crosswalk (ACO, Medical Home, HH, PPS).		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Work with the Clinical Quality Committees of the various entities (or a shared committee, if feasible), to establish a unified, regional quality dashboard and metrics set that is utilized by ACO, Medical Home, Health Home and PPS.		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Utilize Clinical Quality Committee (to be established through Governance) to develop work plan. Clinical Quality Committee will include primary care, acute care, behavioral health, long-term care, public health and CBOs as appropriate. Clinical Quality Committee structure will be finalized, as required, by the end of DY1 Q3; following which the Committee will have one-quarter to create the work plan.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify and prioritize the list of processes for which the PPS / IDS will seek to develop standardized protocols.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Task Gather existing protocols from across participating organizations (PPS partners, ACO, Medical Home, etc.), as well as evidence on the effectiveness of such protocols, and determine which ones will be adopted by the Committee and thus become standardized across the region.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify process and quality measures to track in alignment with protocols to be implemented.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop the tools/resources needed to support dissemination of protocols and guidelines that have been adopted, including summaries, flowcharts, memos, slides, and other communication tools.		Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish method to track dissemination of protocols, and to monitor adherence to such protocols.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Utilize PMO to perform tracking (to previous task) and supply information to Clinical Quality Committee on an on-going basis.		Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in project requirements, Milestones #5 and #7 below.)		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.		Project		Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify all of the EHR systems being used by participating safety		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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net providers within the PPS.										
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in project requirement #7 below.)		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.		Project		Not Started	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own health management (PHM) with the data within their own EHRs.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Secure local subject matter experts (NCQA Certification/Meaningful Use/ Practice Transformation) to provider services to support the PPS with this project, particularly with steps 2 to 7.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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by the end of DY3, Q4.										
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish and execute a communications plan to support Certification goals: key messages, audiences methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going bases through the end of the Target Completion Date.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.		Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct EHR readiness assessment. (see Project Requirement/Milestone #5 steps)		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Task Allocate, and mobilize resources to each practice to fill gaps noted in task above. [Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.] Includes AHI PPS internal resources & contracted services.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.		Project		Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.		Project		Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.		Project		Not Started	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Complete and submit Meaningful Use Attestation with practice staff / providers.		Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Complete and submit NCQA Applications.		Project		Not Started	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.		Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	DY3 Q4	Project	N/A	In Progress	10/01/2015	09/30/2018	10/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.		Project		In Progress	10/01/2015	09/30/2018	10/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Establish Value-Based Payment Workgroup (sub-group of Finance Committee), including provider representation.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2



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Develop and implement an education and communication strategy for PPS network on VBP concepts and frameworks and best practices. It is expected that there will be an on-going need for education & communication on VBP across the network.										
Task Conduct stakeholder engagement with PPS Providers.		Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct stakeholder engagement with MCOs.		Project		Not Started	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Conduct a VBP Baseline Assessment (Workgroup will develop the VBP assessment and evaluate the results of the assessment).		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify & prioritize potential opportunities and providers for VBP arrangements, based on results of the assessment.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create the VBP adoption plan (a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest), including steps/timeline for the priorities identified in the task above.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish a mechanism for tracking progress on the plan; establish database for housing information on the various types of payment arrangements that are in place throughout the PPS.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute on plan and monitor progress, ensure Providers are supported (e.g. consultants, other resources) to achieve plan.		Project		Not Started	10/01/2016	09/30/2018	10/01/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify MCOs to partner with PPS, and engage in Committees as appropriate.		Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop strategy to engage MCOs in monthly forums to discuss utilization, performance, and payment reform issues.		Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Obtain legal counsel to ensure compliance with regulations throughout all payor engagement activities.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Research best practices on aligned provider compensation approaches.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish Provider Compensation Alignment Workgroup (including providers).		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop a communications plan, focusing on the "provider-facing" communications.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify one or more Provider Champions who will participate in the development and implementation of "provider communications strategies" to promote aligned compensation models.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate existing compensation models / approaches; identify high priority areas for alignment.		Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Workgroup develops a plan to transition provider compensation to align with patient outcomes.		Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Plan is vetted with Providers, administrators, and others as appropriate.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement plan and track progress.		Project		Not Started	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Research best practices on patient activation and engagement, continually review new literature, complete first research review by DY1 Q3.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish project management team and timelines associated with meeting project requirements for all participating partners.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Utilize the 2.d.i Project Work Group to vet the practices and develop implementation plans that maximize the CBOs assets and ability to reach the target population.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish method for tracking progress on the implementation plan, utilize PMO to monitor progress and provide reports to 2di team, and to Patient and Community Engagement Committee.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task The PPS will create a standard performance-based contract that compensates CBOs and providers for outreach and navigation services, including incentives for successfully meeting patient activation metrics/goals.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task The PPS will contract with CBOs and health care providers that already have an established, trusted relationship with the target population, to perform outreach and navigation activities.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task The 2.d.i Project Work Group will work closely with the PPS Workforce Committee to develop training for providers and CBOs in using the Patient Activation Measure (PAM) tool and cultural competency trainings, such as Bridges Out of Poverty.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	The AHI PPS DSRIP Project 2.a.i Milestone 1 is due 3/31/2016 (DY1Q4). The Milestone is "All PPS providers must be included in the Integrated Delivery System (IDS). The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy". AHI PPS Leadership determined on 2/29/2016 that Milestone 1 will not be completed by 3/31/2016 (DY1Q4) and the Milestone date will be changed to a due date of 6/30/2016 (DY2Q1). The NYS Department of Health required documentation to satisfy Milestone 1 is: "Provide a list of Network Providers and list of contract agreements among providers in the IDS". During a 2.a.i Project Meeting on 1/4/2016, PPS Leadership determined that the required documentation for AHI PPS contract agreements is; Terms of Participation and Masters Services Agreement with Project Specific Schedules. As of 3/2/2016, 94 organizations have signed the Terms of Participation. The contracting package includes three elements; Terms of Participation, Master Participant Agreement and Project Specific Schedules. The AHI PPS anticipates fully executing the contracts during DY2Q1.
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	The AHI PPS DSRIP Project 2.a.i Milestone 2 is due 3/31/2016 (DY1Q4). The Milestone is "Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS". AHI PPS Leadership determined on 2/29/2016 that Milestone 2 will not be completed by 3/31/2016 (DY1Q4) and the Milestone date will be changed to a due date of 6/30/2016 (DY2Q1). The NYS Department of Health required documentation to satisfy Milestone 2 is: "Updated list of participating Health Home comprising name, license #, start/end date of contract, full address, etc. Inventory agreements with participating Health Homes and ACOs as it is defined in the milestone requirement. Evidence should include periodic meetings with schedules, agendas, meeting minutes, etc." As of 3/31/2016, Inventory Agreements with participating Health Home and ACOs is not finalized for the DY1Q4 submission. AHI PPS Leadership anticipates that the Shared Services Agreement with the ACO will be finalized and signed during DY2Q1. To support fulfilling Milestone 2, the AHI PPS is convening an IDS workgroup to execute the IDS strategy for the PPS and support Milestone 2 requirements. The IDS workgroup will focus on implementing the PPS' strategy towards evolving into an IDS. The Milestone requirement of regularly scheduled formal meetings to develop collaborative care practices and integrated service delivery will be fulfilled by the IDS workgroup meetings.
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	



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✓ IPQR Module 2.a.i.3 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	



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IPQR Module 2.a.i.4 - IA Monitoring

Instructions :



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Project 2.a.ii – Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))

✓ IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The risks to the AHI PPS is dependency on EHR vendors and provider fatigue. Specifically:

- The PPS will need to account for working with a large number of different EHR vendors across the region to meet many of these requirements.
- To meet the PPS reporting requirements, practices within the Adirondack PPS will require various levels of support from vendors. Support will include, but not limited to, adopting new EHR systems, upgrades and/or reconfigurations to an existing EHR, and interface development to connect to Hixny and/or a Population Health Management solution.
- A number of health care providers are having increased demands on their time because of engagement in multiple ongoing initiatives that are available to PCPs in the region such as Medical Home, Adirondacks ACO, Payer specific programs, NCQA recognition, MU attestations, EHR upgrades, and others.
- The transition to ICD-10 and the Advanced Primary Care Model.
- Experience with the Medical Home has demonstrated that existing CCD-A/HL-7 standards provide an inconsistent framework for data exchange.
- Clinical data sharing needs for the PPS will likely exceed that which is covered by those standards.

To mitigate these risks, the PPS will:

- Leverage relationships with provider networks and the collective relationships with EHR vendors.
- Protect and leverage the investments made to launch the Adirondack Medical Home Program.
- Explore the feasibility of alternatives that may not be heavily dependent on EHR vendor resources and cooperation.
- Identify the collective challenges and collaborate with partners to leverage shared resources across the network to address them and alleviate concurrent pressures on providers.
- Deploy resources to assist practices remediate data gaps and issues.



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IPQR Module 2.a.ii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	67,447

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	45,000
	Quarterly Update	0	0	0	5,202
	Percent(%) of Commitment				11.56%
IA Approved	Quarterly Update	0	0	0	5,194
	Percent(%) of Commitment				11.54%

Warning: PPS Reported - Please note that your patients engaged to date (5,202) does not meet your committed amount (45,000) for 'DY1,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dlarose	Other	23_PMDL2115_1_4_20160614113513_2.a.ii_DY1_Q4_Encrypted_Remediation_Response.docx	2a.ii Encrypted Remediation Response	06/14/2016 11:35 AM
leebrad	Baseline or Performance Documentation	23_PMDL2115_1_4_20160428162547_2a.ii_Compilation_DY1Q4_FinalE.xlsx	Patient Engagement supporting documentation	04/28/2016 04:26 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The actively engaged for project 2.a.ii is short of our projection for a number of reasons:

- We are still working on finalizing contracting with our participants, including some large primary care practices. These efforts were delayed for AHI PPS in part because of the time it took to confirm Safety Net status for AHI. Until that status was confirmed, we were unable to finalize our



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governance which has impacted budgeting and contracting. While we are still behind schedule, we have retained consultants and held frequent meetings of our Finance and Steering committees in order to make up ground.

- As shared previously, AHI PPS was very aggressive in our speed and scale targets.
- Several of our providers have indicated that they feel the requirement of an annual screening for each Medicaid beneficiary, regardless of age, gender or health status is not supported by evidence and are concerned that they do not have the capacity to meet the requirement. We are working with the providers to resolve these concerns.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY1 Q4



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✓ IPQR Module 2.a.ii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Secure local subject matter experts (NCQA Certification / Meaningful Use / Practice Transformation) to provide services to support the PPS with this project, particularly with the next 6 tasks.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	01/04/2016	03/31/2016	DY1 Q4
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish and execute a communications plan to support Certification goals: key messages, audiences, methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
These activities will be provided on an on-going basis through the end of the Target Completion Date.										
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.		Project		Completed	04/01/2016	03/31/2017	01/04/2016	03/31/2016	03/31/2016	DY1 Q4
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc...		Project		Completed	01/01/2016	06/30/2016	01/04/2016	03/31/2016	03/31/2016	DY1 Q4
Task Conduct EHR readiness assessment. (Refer to tasks outlined under Milestone #5.)		Project		In Progress	01/01/2016	06/30/2016	01/04/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate the "current state" document with each practice; schedule meetings, review Policies & Procedures, gain more information to be confident that the current state assessment is accurate.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Allocate, and mobilize resources to each practice to fill gaps noted in the task above. Includes AHI PPS internal resources & contracted services.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.		Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
steps in the plan, such as required upgrades.										
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.		Project		Not Started	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Complete and submit Meaningful Use Attestation with practice staff / providers.		Project		Not Started	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Complete and submit NCQA Applications.		Project		In Progress	01/01/2017	12/31/2017	01/04/2016	09/30/2017	09/30/2017	DY3 Q2
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.		Project		In Progress	10/01/2017	03/31/2018	01/04/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	DY2 Q4	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task As part of a PPS-wide collaborative planning process, the PPS will schedule and/or coordinate activities with all participating practices to meet this requirement. (This may coincide with the scheduling of the practice assessment.)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task In the event that a practice does not have a physician with the knowledge of PCMH/APCM, the PPS will develop a plan for these practices that includes the review of the PCMH 2014 Level 3 standards and requirements.		Project		Completed	10/01/2015	06/30/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft a physician champion contact list and/or formally announce the list of physician champions throughout the PPS. These physician champions will have the knowledge of PCMH/APCM implementation and represent their respective participating primary care practices within the PPS. (This responsibility may be shared or transferred among multiple physicians within a practice.)		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Identify care coordinators at each primary care site who are	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/01/2015	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.		Project		Completed	10/01/2015	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task As part of a PPS-wide collaborative planning process, the PPS will begin to coordinate activities with all participating practices that will include the identification of care coordinators at each of the participating primary care practices within the PPS. (This may also coincide with the practice assessment as we examine the workflows within each practice.)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Begin to outline a plan to address the issue of when a practice does not have the staff or resources internally to meet this requirement. As part of this plan, the PPS will explore opportunities for collaboration with other PPS participating organizations to provide onsite care coordination services for a practice. (There are PPS participants that are also members of the AHI Health Home. These organizations may be able to provide care management and/or coordination services onsite at primary care practices.)		Project		Completed	10/01/2015	12/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft an initial PPS Care Coordinator contact list that includes care coordinators assigned to each participating practice in the PPS. (This responsibility may be shared or transferred among multiple care coordinators within a practice.)		Project		Completed	07/01/2016	12/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Validate that the responsibilities of these care coordinators include care connectivity, internally, as well as connectivity to care managers at other primary care practices. (These care coordination activities will be provided on an on-going basis through the end of the Target Completion Date, and perhaps beyond for sustainability purposes.)		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in Milestones #5 and #7 below.)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		Completed	07/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.		Project		Completed	04/01/2016	03/31/2018	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or		Provider	Safety Net Practitioner - Primary Care Provider	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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APCM.			(PCP)							
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Milestone #7 below.)		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.		Project		In Progress	10/31/2015	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own population health management (PHM) with the data within their own EHRs.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)										
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers...		Project		Not Started	04/01/2017	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	DY3 Q4	Project	N/A	In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Begin to coordinate efforts with each practice to identify training needs of all staff that are specific to PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. (This task will begin and coincide with the practice assessments.)		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Develop a plan and proposed timeline in which training may be offered. Practices may register their staff to receive training. (This training may be done regionally and/or conducted onsite at a practice.)		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Identify resources and Subject Matter Experts (SMEs) to develop the training curriculum, prepare the materials and conduct the required training.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3

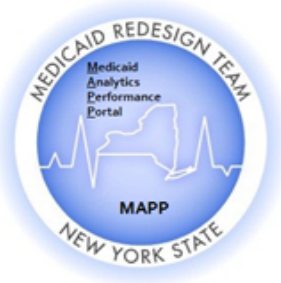


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Task Review and compile existing training materials on PCMH, evidence-based preventive and chronic disease management from the Adirondack Medical Home program. Leverage lessons learned from this program.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Deliver Training and Education to practice staff to address needs/gaps.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Develop method to evaluate the quality of the Training and Education provided to practice staff. Continue to identify needs/gaps, and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Targeted Completion Date.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Protocols and processes for referral to appropriate services are in place.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task As part of the practice assessment, the PPS will evaluate workflows and identify the practices that are not using these screening protocols.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices have these screenings intact. Identify any required EHR upgrades that may be necessary for tracking & reporting purposes.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all participating practices have implemented these screenings included within their workflow and that a referral process is in place to assure referral to appropriate care in a		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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timely manner.										
Milestone #9 Implement open access scheduling in all primary care practices.	DY3 Q4	Project	N/A	In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task PPS monitors and decreases no-show rate by at least 15%.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task As part of the practice assessment, the PPS will evaluate each practice and their ability to implement open access scheduling.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices will meet this project requirement.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Validate that all participating practices have implemented open access scheduling.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	leebrad	Other	23_PMDL2103_1_4_20160407160900_2aai_M1_narrative20160407.pdf	Explanation and supporting information for tasks under milestone 1.	04/07/2016 04:09 PM
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	dlarose	Other	23_PMDL2103_1_4_20160426125207_2.a.ii_Baseline_Assessment_Report.pdf	2.a.ii Baseline Assessment Report	04/26/2016 12:52 PM
	leebrad	Rosters	23_PMDL2103_1_4_20160426093249_2_a_ii_Directory_of_Care_Coordinators.pdf	Directory of Care Coordinators, please see narrative in addition to this list	04/26/2016 09:32 AM



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
<p>Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.</p>	
<p>Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.</p>	<p>Narrative on Progress through DY1Q4</p> <p><input type="checkbox"/></p> <p>Milestone 2 – Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.</p> <p>Completed</p> <ul style="list-style-type: none"> • "2.a.ii Baseline Assessment Report"– and – "PCMH 2011 Inventory" based on assessments completed with each primary care practice. Also, minutes from assessment meetings. <p><input type="checkbox"/> Task 2.2 - As part of a PPS-wide collaborative planning process, the PPS will schedule and/or coordinate activities with all participating practices to meet this requirement. (This may coincide with the scheduling of the practice assessment.)</p> <p><input type="checkbox"/> Task 2.3 - In the event that a practice does not have a physician with the knowledge of PCMH/APCM, the PPS will develop a plan for these practices that includes the review of the PCMH 2014 Level 3 standards and requirements.</p> <p>In Progress</p> <ul style="list-style-type: none"> • "2.a.ii Directory of Physician Champions" – and "Physician Champion Commitment Letter" template – and – "Role of Project Champion" <p><input type="checkbox"/> Task 2.1 – PPS has identified physician champion with experience implementing PCMHs/ACPMs</p> <p><input type="checkbox"/> Task 2.4 - Draft a physician champion contact list and/or formally announce the list of physician champions throughout the PPS. These physician champions will have the knowledge of PCMH/APCM implementation and represent their respective participating primary care practices within the PPS. (This responsibility may be shared or transferred among multiple physicians within a practice.)</p>
<p>Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.</p>	<p>Please note- Task 3.1 - Required selection of providers, which does not include the names of care coordinators. Providers were selected to identify participating organizations, as well as a document uploaded reflecting the list of identified care coordinators.</p> <p>Narrative on Progress through DY1Q4</p> <p>Milestone 3 – Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.</p> <p>Completed</p> <ul style="list-style-type: none"> • "2.a.ii Directory of Care Coordinators". <p><input type="checkbox"/> Task 3.1 - Care coordinators are identified for each primary care site.</p> <p>Task 3.6 – Draft an initial PPS Care Coordinator contact list that includes care coordinators assigned to each participating practice in the PPS. (This responsibility may be shared or transferred among multiple care coordinators within a practice).</p> <ul style="list-style-type: none"> • "2.a.ii Baseline Assessment Report" – and – "PCMH 2011 Inventory" based on assessments completed with each primary care practice. Also, minutes from assessment meetings.



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<ul style="list-style-type: none"> <input type="checkbox"/> Task 3.3 – Clinical Interoperability in place for all participating providers and document usage by the identified care coordinators. <input type="checkbox"/> Task 3.4 – As part of a PPS-wide collaborative planning process, the PPS will begin to coordinate activities with all participating practices that will include the identification of care coordinators at each of the participating primary care practices within the PPS. (This may also coincide with the practice assessment as we examine the workflows within each practice). <input type="checkbox"/> Task 3.5 – Begin to outline a plan to address the issue of when a practice does not have the staff or resources internally to meet this requirement. As part of this plan, the PPS will explore opportunities for collaboration with other PPS participating organizations to provide onsite care coordination services for a practice. (There are PPS participants that are also members of the AHI Health Home. These organizations may be able to provide care management and/or coordination services onsite at primary care practices.)
<p>Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.</p>	<p>Narrative on Progress through DY1Q4</p> <p>Milestone 4 – Ensure all PPS safety net providers are actively sharing HER systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.</p> <p>Completed</p> <ul style="list-style-type: none"> • Documentation on RHIO's capability (HIXNY & HealtheConnections) for DIRECT exchange, alerts and patient look up. <input type="checkbox"/> Task 4.2 - PPS uses alerts and secure messaging functionality. <input type="checkbox"/> Task 4.4 - Confirm that each of RHIO/SHIN-NY's utilized by the provider and/or the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in Milestones #5 and #7 below.) • "2.a.ii Baseline Assessment Report" – and – "PCMH 2011 Inventory" based on assessments completed with each primary care practice. Also, minutes from assessment meetings. <input type="checkbox"/> Task 4.5 - For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider. <input type="checkbox"/> Task 4.6 - Develop an implementation plan that includes setting up the sharing of health information via HIE and among clinical partners participating within the PPS. <input type="checkbox"/> Task 4.7 - Validate that all participating PPS safety net providers are actively sharing health information via HIE and among clinical partners participating within the PPS. • "PCMH 2011 Inventory" listing EHRs and connectivity to RHIOs/SHIN-NY for each practice. <input type="checkbox"/> Task 4.3 - Identify EHR vendor systems being used by participating safety net providers within the PPS.
<p>Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.</p>	<p>Narrative on Progress through DY1Q4</p> <p>Milestone 5 – Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.</p> <p>Completed</p> <ul style="list-style-type: none"> • "PCMH 2011 Inventory" listing EHRs and connectivity to RHIOs/SHIN-NY for each practice. <input type="checkbox"/> Task 5.3 - Identify all of the EHR systems being used by participating safety net providers within the PPS.



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>In Progress</p> <ul style="list-style-type: none"> • Documentation of certification of EHR's for each practice (from the Certified Health IT Product List) <input type="checkbox"/> Task 5.4 - Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Milestone #7 below.)
<p>Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.</p>	<p>Narrative on Progress through DY1Q4</p> <p>Milestone 6 – Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.</p> <p>Completed</p> <ul style="list-style-type: none"> • "PCMH 2011 Inventory" listing EHRs and connectivity to RHIOs/SHIN-NY for each practice. <input type="checkbox"/> Task 6.2 - Identify participating safety net providers that are actively using EHRs and other IT platforms.
<p>Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.</p>	<p>Narrative on Progress through DY1Q4</p> <p>Milestone 7 – Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.</p> <ul style="list-style-type: none"> • No tasks completed to date for this Milestone. <input type="checkbox"/>
<p>Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.</p>	<p>Narrative on Progress through DY1Q4</p> <p>Milestone 8 – Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.</p> <p>Completed</p> <ul style="list-style-type: none"> • "2.a.ii Baseline Assessment Report" – and – "PCMH 2011 Inventory based on assessments completed with each primary care practice. Also, minutes from assessment meetings <input type="checkbox"/> Task 8.3 - As part of the practice assessment, the PPS will evaluate workflows and identify the practices that are not using these screening protocols. <input type="checkbox"/> Task 8.4 - Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices have these screenings intact. Identify any required EHR upgrades that may be necessary for tracking & reporting purposes. <p>In Progress</p> <ul style="list-style-type: none"> • The first of the quarterly reports of preventive visits received 03.31.2016. <input type="checkbox"/> Task 8.5 - Validate that all participating practices have implemented these screenings included within their workflow and that a referral process is in place to assure referral to appropriate care in a timely manner.
<p>Implement open access scheduling in all primary care practices.</p>	<p>Narrative on Progress through DY1Q4</p> <p>Milestone 9 - Implement open access scheduling in all primary care practices.</p> <p>In Progress</p>



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Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<ul style="list-style-type: none"> • The first of the quarterly reports of "no show" rates received 03.31.2016. <input type="checkbox"/> Task 9.3 - PPS monitors and decreases no-show rate by at least 15%.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	



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IPQR Module 2.a.ii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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DSRIP Implementation Plan Project

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IPQR Module 2.a.ii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
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Adirondack Health Institute, Inc. (PPS ID:23)

Project 2.a.iv – Create a medical village using existing hospital infrastructure

✓ IPQR Module 2.a.iv.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

<p>Risk: Recruiting, hiring, and training staff in new service at medical village. Potential impact to the timeline: Shortage of qualified professionals could slow down starting a service or building capacity within the service to handle patient volume. Mitigation Strategy: Engage workforce committees to assist with staffing needs.</p> <p>Risk: Four different hospitals are planning four different medical villages, with different implementation needs. Potential impact to the timeline: Staying on a universal time schedule may be difficult. Mitigation Strategy: Strong project management support and internal hospital oversight will be needed to keep projects to their timelines.</p> <p>Risk: Lack of community awareness of new services available at the medical village. Potential impact to the timeline: If the community is unaware of a program it will most likely be underutilized and impact how many patients are served. Mitigation Strategy: A media/publicity component will need to be part of the project planning and implementations to ensure the most amount of people hear about the services made available.</p> <p>Risk: Shortage of internal resources. Potential impact to the timeline: Lack of enough staff to work on new programming/service array can slow progress. Mitigation Strategy: Hospitals will need to consider hiring additional staff to work solely on the project, or need to reassign certain routine tasks so existing staff can devote enough time to the new project.</p> <p>Risk: Bed reductions at hospital locations causing issues with space to put critically ill patients. Potential impact to the timeline: If critically ill patients entire health service needs are not addressed bed reduction timelines will be delayed as the beds will still be needed. Mitigation Strategy: Properly managing the bed reduction process is important, however the plan to address critically ill patients' entire health service array will be crucial to avoid unneeded hospitalizations.</p>
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IPQR Module 2.a.iv.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	4,472

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	0
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
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IPQR Module 2.a.iv.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish Medical Village Project Team, including leaders of each Medical Village project and assign project management support from PMO; ensure PPS leadership is involved in Team meetings when needed (e.g., CFO, CIO, etc.)		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Medical Village partners receive notice of CRFP awards. If awards are not sufficient, MV Project Leads explore all possible avenues for mitigation (including changes to scope/scale, other funding sources). Leads evaluate the feasibility of continuation, and make presentations to the PPS Governing bodies if needed.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task MV plan for each Medical Village is finalized, PMO provides Medical Village Project Leads with resources needed to complete		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
plan.										
Task Medical Village plans are coordinated with Workforce, and needs for recruitment/re-training are incorporated into Workforce development activities as needed.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Educate the PPSs hospital partners on the Medical Village opportunity, identify potential Medical Village projects, and elicit "medical village concept" papers from each; ensure all MV hospitals apply for Capital via the CRFP process.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	DY2 Q4	Project	N/A	Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Medical Village Project Leads (with PMO support as needed), obtain approvals from their hospital administration/governance for the plan and timeline.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Applications are made for CON for Bed Reduction.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish process for tracking bed reduction and securing documentation from each Medical Village lead.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Ensure that primary care providers involved in Medical Village projects are also part of Project 2aii Project Team.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PMO provides Project 2aiv Manager & leaders with status/progress reports for Project 2aai.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Ensure that all safety net providers participating in Medical	DY4 Q2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in question below.)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Train staff on alerts and secure messaging.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Confirm that the EHR vendor systems and/or RHIO being used within the PPS includes direct exchange (secure messaging),		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
alerts and patient record look up, as needed. (Overlap with PCMH and MU requirements and plan addressed in question below.)										
Task REVISED Task; Confirm that the RHIO/SHIN-NY utilized by the providers in the PPS or the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Translate actively engaged definition into operational terms-- incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify target population		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #6	DY4 Q2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Question 7 below).		Project		In Progress	07/01/2015	03/31/2016	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	DY2 Q4	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Provide the Medical Village Project Team with CHNA to inform development of their plans (prepared under Requirement #1).		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Review the plan (developed under Requirement #1), and ensure there is a clear justification, tied to CHNA, for the establishment of the selected services in the Medical Village. Document as to why these services can mitigate per evidence by CAN.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	
Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	
Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	
Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	
Use EHRs and other technical platforms to track all patients engaged in the project.	
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	
Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	



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✓ IPQR Module 2.a.iv.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.iv.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Adirondack Health Institute, Inc. (PPS ID:23)

Project 2.b.viii – Hospital-Home Care Collaboration Solutions

✓ IPQR Module 2.b.viii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

<p>Risk: Coordinating and managing the various initiatives, programs, and resources that are available to patients.</p> <p>Potential impact to the timeline: If patients and providers are overwhelmed and ill equipped to quickly identify the correct resources needed this could delay servicing additional patients and slow down the implementation.</p> <p>Mitigation strategy: Create a resource guide and train staff on content. Staff can then educate/inform patients of available options; this will allow for expedited decision making.</p> <p>Risk: Data acquired can be difficult to utilize due to disparate reporting requirements.</p> <p>Potential impact to the timeline: Dissimilar data can make quality reporting and utilization for universal improvements difficult and thus slow down the improvement process.</p> <p>Mitigation strategy: Use of common PHM platforms and standardized EHRs will make collecting, reporting, and utilizing data more efficient.</p> <p>Risk: Inability to share/acquire health information in real time.</p> <p>Potential impact to the timeline: Lack of immediate communication leads to prolonged wait for medical intervention and illness progression.</p> <p>Mitigation strategy: Mobile technologies will be utilized to facilitate timely and accurate documentation and information sharing.</p> <p>Risk: Provider shortages.</p> <p>Potential impact to the timeline: Already overwhelmed providers may resist implementing change due to time and workload restraints.</p> <p>Mitigation strategy: Implement strategies to address workforce and workflow in regard to provider/patient ratios.</p> <p>Risk: The lack of a common identification/stratification methodology across the region.</p> <p>Potential impact to the timeline: Lack of common methodology means having to train staff on multiple models and this is inefficient and reduces productive work time.</p> <p>Mitigation strategy: Having a regional group meet to address common methodologies will address this risk.</p>
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**New York State Department Of Health
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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.b.viii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	7,158

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	0
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.b.viii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	DY3 Q4	Project	N/A	In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services		Project		Not Started	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Assess current discharge process to identify areas for improvement to be addressed by Rapid Response Teams.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess current workforce and identify available, appropriate staff and the need for recruitment.		Project		On Hold	01/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Create protocol and procedure guidelines to address best practices regarding patient discharge to include proactive planning, facilitation, confirmation of service, and follow-up post discharge.		Project		Not Started	03/31/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Recruit, train and reassign staff to Rapid Response Team to address and facilitate best practices regarding patient discharge.		Project		Not Started	03/31/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Assess current workforce.		Project		Completed			01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify available, appropriate staff and the need for recruitment.		Project		In Progress			01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Gather current discharge processes from hospitals participating in this project.		Project		Completed			01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Ensure home care staff have knowledge and skills to identify and	DY2 Q4	Project	N/A	Not Started	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.										
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management		Provider	Home Care Facilities	Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Evidence-based guidelines for chronic-condition management implemented.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task In conjunction with Workforce Committee(s) and/or Teams, assess home care staff training needs.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan to meet needs identified in task #3 (previous task). Plan to include goals & objectives, content/curriculum, method (in-person, web-based, etc), schedule, and plan for on-going training needs.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish a process for tracking training conducted, included evaluations, number trained, organizational affiliation, etc.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Deliver training sessions.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for chronic condition management. Include guidelines currently in use with PPS partners, and research best practices.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Project Team reviews info obtained in task #7 (previous task), and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.		Project		Not Started	01/01/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Clinical Quality Committee adopts eligibility and services guidelines.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and timeline for integrating measurements into quality/IT systems.										
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	DY2 Q4	Project	N/A	In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.		Provider	Safety Net Hospital	Not Started	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task In the process of developing and implementing clinical guidelines and protocols for chronic condition management (see tasks under Milestone #2), PPS/Project Team includes care pathways and clinical tools for monitoring chronically ill patients with the goal of early identification of potential instability and intervention.		Project		Not Started	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	DY2 Q4	Project	N/A	In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.		Provider	Home Care Facilities	In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	DY2 Q4	Project	N/A	In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Coordinate the development of Advance Care Planning tools with Project 3.g.i team – Palliative Care in PCMH. Work together to identify and/or develop the appropriate advance care planning tools.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for advance		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
care planning. Include guidelines currently in use with PPS partners, and research best practices.										
Task Project Team reviews information obtained in task #2 (above), and develops PPS-wide advance care planning guidelines / protocols, makes recommendation to Clinical Quality Committee for adoption.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Clinical Quality Committee adopts eligibility and services guidelines.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #6 Create coaching program to facilitate and support implementation.	DY2 Q4	Project	N/A	Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.		Provider	Home Care Facilities	Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Collect, assess, and assign relevant materials to be used in training staff on facilitating and supporting the implementation of the INTERACT principles.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish coaching and supervision process, frequency and staff to be involved, as well as a process to record occurrences of training sessions.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q4	Project	N/A	In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Patients and families educated and involved in planning of care using INTERACT-like principles.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Working in conjunction with Patient and Community Engagement teams/resources, establish patient/family education methodology.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify best practices, obtain resources/materials to utilize to educate and involve patient/family in care planning and implementing the principles of the INTERACT model.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish a method to track utilization of the materials, and to evaluate the methodology. Project Team to utilize this information to continually refine the methodology and/or materials.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Disseminate information, and provide any needed training, by including this content in the trainings described under Milestones 1, 3, 4, and 5.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	DY3 Q4	Project	N/A	In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task While developing clinical guidelines, care pathways, and protocols (see tasks under Milestones #2 and #3), include comprehensive assessment of patient needs and care plan that incorporates all relevant services (physical, behavioral, pharmacological) in the model.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Leverage existing care management supports (e.g. PCMH embedded care management, Health Home care management) to enhance coordination of care.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.		Project		Not Started	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Assess and document current state regarding use and scope of telehealth, telemedicine, to support Hospital to Home Care. Include evaluation of effectiveness and availability of infrastructure.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Determine what specific telehealth/telemedicine services are necessary to support Hospital to Home project success (e.g., home monitoring equipment? Remote access to a care manager? Specialist consults to PCPs?)		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Research options to meet needs determined in task #3 (above); determine cost and timeline, and gain commitment from Project Team and Committees.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Acquire needed resources to implement the selected telehealth strategies: contract with telehealth/telemedicine providers and/or vendors.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Assess current staff, recruit additional staff, if necessary, and establish roles for implementation. Train staff accordingly to implement and maintain the telehealth/telemedicine programs.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish method for evaluating telehealth program.		Project		Not Started	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.		Project		Not Started	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinate with Project 2.a.i and 2.a.ii to ensure requirement is met. Implementation Plan for interoperable EHRs is tracked under Project 2.a.i.		Project		Not Started	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		Not Started	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality		Project		Not Started	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	A task under this milestone has been placed on hold. The task was split into two separate tasks in order to accurately track progress completion.
Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	
Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	
Educate all staff on care pathways and INTERACT-like principles.	
Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	
Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	
Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	



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Adirondack Health Institute, Inc. (PPS ID:23)

✓ IPQR Module 2.b.viii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in successful submission of their applications	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	



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IPQR Module 2.b.viii.5 - IA Monitoring

Instructions :



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Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

✓ IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

1. Risk: Budgetary and staffing constraints may limit CBOs and providers' participation.
Impact-timeline & success: Implementation speed and scale targets will be adversely impacted if the right partners and enough providers do not participate.
Mitigation: The PPS will contract with identified partner CBOs and health care providers to ensure organizations with established relationships with the target population are the face of this initiative. A standard performance-based contract will be used to compensate CBOs and providers for implementation and operating costs if patient activation metrics are met. If the PPS is not meeting projected goals, the 2.d.i Work Group will assist CBOs and/or providers with identifying and reducing barriers to success.
2. Risk: AHI PPS region is a large geographic area with many low populated centers/towns; "hot spots" may have small numbers of people.
Impact timeline & success: Overextended resources could jeopardize project success. Potential for low return on investment is a deterrent to deploying navigators across a vast, sparsely populated area.
Mitigation: A hybrid model of contracting with CBOs and hiring navigators will be used to optimize connection to the target population. Dedicated navigators in larger population centers will reach enough people daily for a navigator model to be cost effective. AHI PPS will rely on CBOs in less populated areas, contracting as needed for staff time spent with project beneficiaries.
3. Risk: Implementing new, innovative initiatives to connect with the target population.
Impact-timeline & success: Variable success of untested initiatives may negatively impact meeting speed and scale projections.
Mitigation: Each strategy will be developed with an evaluation component, as it is essential the PPS quickly understands if outreach strategies are working, need to be adjusted, or if new strategies need to be implemented. The AHI PPS will research and implement evidence-based strategies and coach CBOs on proper implementation practices.
4. Risk: Projected number of targeted individuals may not be reached and activated.
Impact-timeline & success: Not reaching speed and/or scale targets would negatively impact the overall PPS payment.
Mitigation: The AHI PPS will research patient activation best practices. Practices will be vetted, and implementation plans will be developed, with the 2.d.i Work Group, to maximize CBOs assets and reach. The 2.d.i Work Group will partner with the AHI PPS Workforce Committee to train providers and CBOs in using the Patient Activation Measure (PAM) tool and the Bridges Out of Poverty program.
5. Risk: Successfully implementing a new user friendly system to capture data.
Impact-timeline & success: Collecting and accurately reporting speed and scale numbers is crucial. Incorrect reporting may adversely impact PPS payment.
Mitigation: The AHI PPS 2.d.i Work Group will work with Insignia to be sure users are well trained in the reporting system. AHI staff will work with end users to ensure the system is streamlined as part of the work flow to make reporting as simple as possible.



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6. Risk: Implementing EHRs, Population Health Management tools, targeted patient registries, and other IT platforms to track patients engaged in the project could be expensive and time consuming.

Impact-timeline & success: Numerous EHR systems and the complexity of implementing a regional system could delay project completion.

Mitigation: The 2.d.i Work Group will work with the HIT group to be sure that the important data points will be able to be accessed by the right users at the right time. However, lack of control over EHR vendors' ability to add needed functionality may necessitate an extended timeline.



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IPQR Module 2.d.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	66,226

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	8,000
	Quarterly Update	0	0	0	455
	Percent(%) of Commitment				5.69%
IA Approved	Quarterly Update	0	0	0	436
	Percent(%) of Commitment				5.45%

Warning: PPS Reported - Please note that your patients engaged to date (455) does not meet your committed amount (8,000) for 'DY1,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
leebrad	Report(s)	23_PMDL3615_1_4_20160429155553_2di_DY1Q4_Final_20160429.xlsx	2di Actively Engaged doc	04/29/2016 03:56 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The AHI PPS did not meet its speed and scale goal of 10,000 PAM surveys administered by 3/31/16, for the following reasons:

- 1) Difficulty motivating partners to administer the survey without contracts/assurance of compensation in place.
- 2) Uncertainty by partners in key hot spots, such as Emergency Departments, as to how the PAM@ survey will fit into their work flow and will benefit them. Our intent with the PAM @ Pilot was in part to learn best practices for implementation in different settings, but the number and types of partner organizations willing to participate in the pilot were limited.
- 3) Delays in implementing the PAM@ pilot program due to ensuring BAAs and MOUs were in place with partners and Insignia Health Care.
- 4) Community Engagement Facilitators, who administer the PAM@ survey in the community, perform outreach to community based organizations



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to involve them in project activates, and train staff in partner organizations on project components such as PAM® survey administration, were not hired until January & February 2016.

Extensive outreach and relationship building has been, and continues to be, conducted, in order to ensure a robust network of both providers and community based organizations participating in 2.d.i initiatives is in place. We will be holding webinars aimed at informing and engaging hospital partners and primary care providers, and are preparing to bring on additional members to our group of organizations participating in the pilot program.

It is also anticipated that completion of contracting will alleviate hesitancy of partners to implement PAM® survey administration, and funds flow will ameliorate resource concerns.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY1 Q4



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IPQR Module 2.d.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.		Project		In Progress	12/01/2015	03/31/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task With input from PPS members and affiliates, generate list of CBOs w/ high levels of interaction w/ target populations.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Conduct informational webinars targeting CBO representatives to identify organizations potentially interested in collaboration.		Project		Completed	06/01/2015	07/15/2015	06/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Determine CBOs desired participation level		Project		Completed	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3
Task Draft and negotiate partnership agreements		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Meet with CBO leadership/designees to develop a strategy and timeline for conducting outreach efforts		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Begin facilitating outreach efforts through identified methods and channels.		Project		Not Started	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Sign Partnership Agreements		Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	Completed	06/01/2015	07/30/2015	06/01/2015	07/30/2015	09/30/2015	DY1 Q2
Task Patient Activation Measure(R) (PAM(R)) training team		Project		Completed	06/15/2015	07/30/2015	06/15/2015	07/30/2015	09/30/2015	DY1 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
established.										
Task Contact leadership of identified CBOs; invite them to introductory webinar		Project		Completed	06/15/2015	07/05/2015	06/15/2015	07/05/2015	09/30/2015	DY1 Q2
Task Conduct webinar to provide potential partner organizations with overview of 2.d.i, PAM, and expectations of participating organizations and individuals.		Project		Completed	07/01/2015	07/15/2015	07/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Collectively with AMC and AFBHC PPS, hold PAM Train the Trainer sessions facilitated by Insignia Health representatives.		Project		Completed	07/15/2015	07/30/2015	07/15/2015	07/30/2015	09/30/2015	DY1 Q2
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	DY2 Q4	Project	N/A	In Progress	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		In Progress	12/01/2015	03/31/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Determine available data sources and develop criteria for hot spots		Project		Completed	08/15/2015	12/22/2015	08/15/2015	12/22/2015	12/31/2015	DY1 Q3
Task Work with pilot group of trainees to develop plan to increase activation in hot spots including identifying additional organizations and providers to engage		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Repeat analysis at set intervals		Project		Not Started	03/31/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct initial analysis		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		In Progress	04/01/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with pilot group of PAM trainees to identify most effective method of soliciting feedback about healthcare needs in the PPS region - survey, focus group, and/or community forum/community engagement forums.		Project		In Progress	01/01/2016	03/31/2016	01/13/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with North Country PHIP Evaluation Manger to create implementation plan for method of feedback concerning healthcare needs		Project		Not Started	01/01/2016	03/31/2016	04/30/2016	05/30/2016	06/30/2016	DY2 Q1
Task Initiate implementation plan		Project		Not Started	04/01/2016	05/31/2016	06/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task Complete initial round of feedback		Project		Not Started	06/01/2016	06/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with pilot group of PAM trainees to determine how to best disseminate findings		Project		Not Started	06/30/2016	07/31/2016	09/30/2016	10/31/2016	12/31/2016	DY2 Q3
Task Repeat method of feedback to continuously determine healthcare needs in the PPS region		Project		Not Started	07/01/2016	03/31/2017	10/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY2 Q4	Project	N/A	In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".		Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide training and education opportunities		Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Survey providers located in "hot spots" to determine needed level of support and education in areas of patient activation and engagement - shared decision-making, measurements of health literacy, and/or cultural competency.		Project		In Progress	01/01/2016	05/16/2016	01/13/2016	05/16/2016	06/30/2016	DY2 Q1
Task Work with providers to identify key staff members within their organizations to act as master trainers and function as part of a PPS wide training team		Project		In Progress	03/01/2016	04/15/2016	03/01/2016	04/15/2016	06/30/2016	DY2 Q1
Task Develop training outline and training materials to address identified topics.		Project		Not Started	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Collaborate with providers to schedule and facilitate training sessions/ dissemination of educational materials within their organizations.		Project		Not Started	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop online learning collaborative to facilitate continuing		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
education and dissemination of information across the PPS.										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	DY2 Q4	Project	N/A	Not Started	01/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.		Project		Not Started	01/01/2016	06/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task AHI and MCOs implement outreach plan		Project		Not Started	07/01/2016	03/31/2017	08/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with MCOs to determine what information on enrollees will be shared and the format		Project		Not Started	01/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task AHI and MCOs create proactive outreach plan		Project		Not Started	03/31/2016	06/30/2016	07/01/2016	08/15/2016	09/30/2016	DY2 Q2
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	DY2 Q4	Project	N/A	Not Started	01/01/2016	03/31/2017	04/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).		Project		Not Started	03/31/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with DOH and other PPS to reset baselines at the beginning of each performance period		Project		Not Started	03/31/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Determine methodology for baseline of each beneficiary cohort likely with DOH/KPMG Project 11 Work Group		Project		Not Started	01/01/2016	03/31/2016	04/30/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement methodology		Project		Not Started	03/31/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	In Progress	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.		Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Utilize input to develop strategy to promote preventive care		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Outreach to beneficiaries to recruit them to development team		Project		Completed	10/15/2015	12/01/2015	10/15/2015	12/01/2015	12/31/2015	DY1 Q3
Task With input from team, determine frequency and duration of meetings and begin convening group.		Project		Completed	10/15/2015	12/01/2015	10/15/2015	12/01/2015	12/31/2015	DY1 Q3
Task Develop strategy for identifying beneficiaries		Project		Completed	08/15/2015	09/30/2015	08/15/2015	09/30/2015	09/30/2015	DY1 Q2
Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. 	DY2 Q4	Project	N/A	In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
<ul style="list-style-type: none"> • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 										
Task Performance measurement reports established, including but not limited to: <ul style="list-style-type: none"> - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement 		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation		Project		Not Started	01/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.		Project		In Progress	01/01/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM® survey and designate a PAM® score		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Not Started	01/01/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY2 Q4	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct data assessment of non-emergent care provided in PPS service area to achieve baseline.		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Repeat assessment of non-emergent care data at set intervals (i.e. annually)		Project		In Progress	01/01/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task Partner with providers in areas with low utilization of preventative/non-emergent care to develop and implement a patient awareness campaign focusing on the benefits of accessing preventative care/avoidance of emergent care. Collaborate with existing patient engagement/patient advocacy groups and programs when applicable.		Project		In Progress	01/01/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY2 Q4	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Provider	PAM(R) Providers	Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Continuously look at hot spot data to determine additional potential partnerships		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Using hot spot data, identify potential community based organizations serving target population in identified locations		Project		In Progress	03/31/2016	05/31/2016	03/31/2016	05/31/2016	06/30/2016	DY2 Q1
Task Work with identified CBOs to determine willingness to partner		Project		In Progress	03/31/2016	05/31/2016	03/31/2016	05/31/2016	06/30/2016	DY2 Q1



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Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	DY2 Q4	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.		Project		Completed	08/01/2015	10/30/2015	08/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Ensure all staff members interfacing with PAM participants are aware of the process for lodging a complaint or seeking customer support and understand their obligation to provide all survey recipients with the associated policy & procedures		Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with AHI's Enrollment Assistance Services and Enrollment (EASE) (navigators for the NY State of Health) and Health Home programs to develop a complaint process/customer service channel for beneficiaries, building on infrastructure already established within their programs.		Project		Completed	08/01/2015	10/30/2015	08/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Determine strategy to ensure non-EASE and Health Home participants have access to complaint process/customer service assistance.		Project		Completed	11/01/2015	11/30/2015	11/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Disseminate complaint procedure and customer service access information to participants through written materials distributed by EASE and Health Home staff, PAM Navigators, and representatives from provider offices/CBOs, as well as via mail and/or e-mail when necessary.		Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	DY2 Q4	Project	N/A	In Progress	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	PAM(R) Providers	In Progress	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Cross-train navigators in "Bridges out of Poverty" methodology and practices to promote more effective communication and relationships with beneficiaries exhibiting behaviors associated with generational poverty		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Ensure all navigators have been trained in using PAM and exhibit comfort and competency when administering the tool.		Project		In Progress	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Facilitate ongoing training sessions with navigators to enhance patient activation and engagement skills		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	PAM(R) Providers	In Progress	01/01/2016	03/31/2017	02/29/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review data on hand-off practice to ensure effectiveness		Project		Not Started	04/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Research best practices in successful hand-offs/referrals		Project		Completed	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Implement initial hand-off practice		Project		Not Started	01/01/2016	03/31/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY2 Q4	Project	N/A	Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Utilize EASE staff, and staff in similar enrollment programs within CBOs, along with educational materials to inform and educate navigators.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY2 Q4	Project	N/A	Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Timely access for navigator when connecting members to services.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Partner with primary care providers to establish and encourage working relationships between navigators and primary care practice staff, and to develop procedures to ensure ease of communication and access for navigators attempting to secure preventative services for community members.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Not Started	04/01/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Research and review EHR, HIT, and Population Health Management platform options to determine which platform (s) would be most effective for tracking patients.		Project		In Progress	08/01/2015	03/31/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implement tracking system		Project		Not Started	04/01/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Some task dates associated with this milestone have been changed as they are contingent upon contracting. Informal identification of hot spots has continued, and CBO's with targeted areas have been engaged. Preliminary strategies to increase activation in hot spots have been developed in collaboration with CBO leadership.
Survey the targeted population about healthcare needs in the PPS' region.	The AHI PPS is actively engaging community members and organizations through multiple channels, including outreach activities performed by Community Engagement Facilitators. We have informally started identifying regional healthcare needs through discussions with beneficiaries and CBO Leadership, community forums were held in January and February 2016. Formal methods for surveying the target population will be developed in the upcoming quarter, and we will continue to hold community forums, with the next scheduled for 4/13/2016 in St. Lawrence County.
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
cultural competency.	
<p>Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).</p> <ul style="list-style-type: none"> • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 	<p>AHI has formed an internal team to review the DSRIP plan, compiling all references to working with MCOs and is creating an agenda to begin discussions. This activity is a high priority item for discussion. This process has resulted in postponing the start date of this milestone and extending task dates.</p>
<p>Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.</p>	<p>Milestone and task start dates have been extended, pending confirmation of the expected methodology.</p>
<p>Include beneficiaries in development team to promote preventive care.</p>	
<p>Measure PAM(R) components, including:</p> <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. 	<p>Implementation of PAM administration is still limited to a small pilot group of partner organizations and the two Community Engagement Facilitators hired in early 2016. Therefore, data gathered to date is insufficient to execute the tasks associated with this milestone. Dates have been changed as a result.</p>



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
<ul style="list-style-type: none"> • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Best practices around referrals and hand offs have been researched but other tasks associated with this milestone cannot begin until contracts are in place with CBOs to employ Community Navigators. Some dates have been changed to reflect this. As previously mentioned, some partner organizations and the Community Engagement Facilitators have started administering PAM surveys in 'hot spots' and in some cases are also utilizing Coaching for Activation techniques and/or making referrals to health insurance enrollment specialists and PCP's when appropriate.
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	



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IPQR Module 2.d.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone There are no PPS defined milestones	Completed	na	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
There are no PPS defined milestones	



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IPQR Module 2.d.i.5 - IA Monitoring

Instructions :



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Project 3.a.i – Integration of primary care and behavioral health services

✓ IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risks: 1)Acquisition, implementation, & training on new/upgraded EHRs 2)Recruitment, training, & retention of qualified staff 3)Developing & implementing new policy & procedures 4)Integration of PC & BH when a patient has existing non-integrated providers 5)Having time to perform screenings at PC visit 6)Meeting NCQA 2014 Level 3 certification 7)Medication Management 8)SBIRT 9)Access to specialty BH services 10) Changing models of care causing increased patient case load for psychiatrists

Timeline Impact:

- 1) Getting all providers/practices on-board with EHRs can be time consuming.
- 2) Being in a provider shortage area staffing could delay implementations at sites if providers cannot find enough qualified staff.
- 3) Time to write P&P along with time to train staff on new P&P could delay the start of the project.
- 4) The potential delay: a patient either changing providers to achieve integration or having the patient in with care coordinator to ensure non-integrated care is still being properly coordinated.
- 5) If providers feel there is not enough time under the current reimbursement model then the lack of provider compliance to perform the screening could delay commitment goals.
- 6) The time it takes to get a practice certified at this standard could delay implementing other parts of this project.
- 7) Delay if right tech solution not in place.
- 8) Confusion over SBIRT & the OASAS requirements for training on this could delay its use.
- 9) The access to timely appointment for those who are Severely Mentally Ill (SMI) could mean overflow of that population being treated in an inappropriate setting, thus using resources that were meant to add capacity & service persons that need BH services for less chronic issues. The overflow could delay the timeline by not getting enough new patients access to care.
- 10) If psychiatrists choose to leave an organization this would impact the timeline because there would be a decrease in the amount of patients an organization could see.

Mitigation:

- 1) Assist with funding of EHRs & assist those with interoperability needs for multiple EHRs. Assist providers in making realistic time commitments based on current EHR status/needs level.
- 2) Looking at family medicine residency programs to gain new physicians. Looking at salary support for LMSW's, allowing support for the 3 years to get clinical supervision; the goal is to get LMSW's set to be LCSW's & thus billable providers.
- 3) Leverage providers who have some experience with integrated care & encourage sharing of P&P between organizations.
- 4) Using Health Home care coordinators will assist with those patients who choose to have non-integrated services. The preference would be to utilize embedded care coordinators. For patients who choose to move into integrated care the PPS & partners will need to continue to assess capacity for service delivery.
- 5) Work with partners to have screenings embedded in EHRs so providers will have quick & easy access to the tools; training other staff, such as nurses/medical assistants, to execute the screening will increase the use of the tools & allow time for the provider to follow up on positive screens.
- 6) Work with project 2aii to ensure that practices have the resources needed to execute & achieve this requirement.
- 7) Work with providers & HIXNY to find most effect solution.



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- 8) Many partners are looking at the PHQ-2 or PHQ-9 to avoid the confusion. Hold SBIRT trainings.
- 9) The specialty BH providers are examining their current caseloads as well as scheduling structure & capacity to figure out how to reduce waitlists & increase speedier access to care for those who are SMI.
- 10) Organizations that currently have low caseloads for psychiatrists will need to have buy in from the psychiatrists to move toward a different model of care. Getting this buy in as well as making the transition gradual will mitigate this risk.



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IPQR Module 3.a.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	35,972

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	0
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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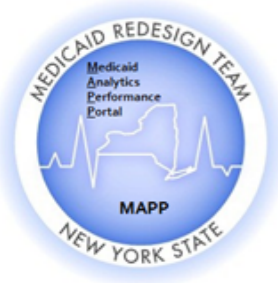
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	Not Started	07/01/2016	09/30/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.			Project		Not Started	07/01/2016	03/31/2018	04/01/2016	12/30/2017	12/31/2017	DY3 Q3
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.			Project		Not Started	07/01/2016	09/30/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.			Project		Not Started	07/01/2016	09/30/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.			Project		Not Started	07/01/2016	09/30/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Identify practice location that will execute integrated			Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services.											
Task Assess practice locations readiness for integration.			Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify billing strategies for integrated services.			Project		Not Started	07/01/2016	06/30/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with MCOs to move toward values based payments model.			Project		Not Started	01/01/2017	03/31/2018	04/01/2016	06/29/2017	06/30/2017	DY3 Q1
Task Ongoing monitoring of the integration of services process.			Project		Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Not Started	07/01/2016	03/31/2017	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Not Started	07/01/2016	12/31/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Task Identify and assemble staff members to work on evidence-based care protocol processes.			Project		Not Started	07/01/2016	12/31/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY4 Q2	Model 1	Project	N/A	In Progress	10/01/2016	09/30/2018	01/01/2016	06/29/2017	06/30/2017	DY3 Q1
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	01/01/2017	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Screenings are documented in Electronic Health Record.			Project		Completed	01/01/2017	03/31/2018	01/01/2016	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Not Started	01/01/2017	03/31/2018	04/01/2016	06/29/2017	06/30/2017	DY3 Q1
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2017	09/30/2018	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Practice locations will identify which screening tool(s) they will implement.			Project		Completed	10/01/2016	12/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Task Train staff on policies and procedures for executing and documenting screening tool(s).			Project		Not Started	04/01/2017	09/30/2017	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Write policies and procedures for "warm transfer" process.			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on "warm transfer" process.			Project		Not Started	04/01/2017	09/30/2017	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Ongoing monitoring of screening and "warm transfer" process.			Project		Not Started	10/01/2017	09/30/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	07/01/2016	03/31/2017	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Not Started	07/01/2016	03/31/2017	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	07/01/2016	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in			Project		Completed	07/01/2016	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
anticipated revision of the actively engaged definition.											
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.			Project		Not Started	07/01/2016	03/31/2017	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.			Project		Not Started	07/01/2016	03/31/2017	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.			Project		Not Started	10/01/2016	03/31/2017	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.			Project		Not Started	10/01/2016	03/31/2017	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.			Project		Not Started	10/01/2016	03/31/2017	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Milestone #5 Co-locate primary care services at behavioral health sites.	DY4 Q2	Model 2	Project	N/A	In Progress	04/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	Not Started	07/01/2016	09/30/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	Not Started	07/01/2016	09/30/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.			Project		Completed	07/01/2016	03/31/2018	01/01/2016	03/31/2016	03/31/2016	DY1 Q4



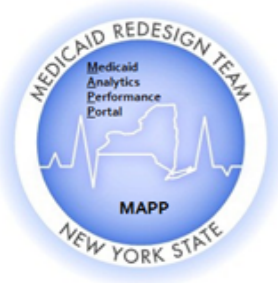
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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Coordinate the availability and schedules of primary care providers to ensure adequate coverage within the behavioral health site for the expected volume of patients and hours of service required.			Project		Not Started	07/01/2016	09/30/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Identify practice location that will execute integrated services.			Project		Completed	04/01/2016	12/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Assess practice locations readiness for integration.			Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify billing strategies for integrated services.			Project		Not Started	07/01/2016	06/30/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with MCOs to move toward values based payments model.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Ongoing monitoring of the integration of services process.			Project		Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Not Started	07/01/2016	03/31/2017	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Not Started	07/01/2016	12/31/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Task Identify and assemble staff members to work on evidence-based care protocol processes.			Project		Not Started	07/01/2016	12/31/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients	DY4 Q2	Model 2	Project	N/A	Not Started	10/01/2016	09/30/2018	04/01/2016	06/29/2017	06/30/2017	DY3 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to identify unmet needs.											
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Task Screenings are documented in Electronic Health Record.			Project		Not Started	01/01/2017	03/31/2018	04/01/2016	06/29/2017	06/30/2017	DY3 Q1
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Not Started	01/01/2017	03/31/2018	04/01/2016	06/29/2017	06/30/2017	DY3 Q1
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	Not Started	10/01/2017	09/30/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Practice locations will identify which screening tool(s) they will implement.			Project		Not Started	10/01/2016	12/31/2016	04/01/2016	07/01/2016	09/30/2016	DY2 Q2
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Task Train staff on policies and procedures for executing and documenting screening tool(s).			Project		Not Started	04/01/2017	09/30/2017	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Write policies and procedures for "warm transfer" process.			Project		Not Started	01/01/2017	03/31/2017	04/01/2016	06/29/2016	06/30/2016	DY2 Q1
Task Train staff on "warm transfer" process.			Project		Not Started	04/01/2017	09/30/2017	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Ongoing monitoring of screening and "warm transfer" process.			Project		Not Started	10/01/2017	09/30/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	In Progress	07/01/2016	03/31/2017	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task EHR demonstrates integration of medical and behavioral health record within individual patient			Project		Not Started	07/01/2016	03/31/2017	04/01/2016	12/30/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
records.											
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Not Started	07/01/2016	03/31/2017	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.			Project		Completed	07/01/2016	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.			Project		Completed	07/01/2016	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.			Project		Not Started	07/01/2016	03/31/2017	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.			Project		Not Started	10/01/2016	03/31/2017	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.			Project		Not Started	10/01/2016	03/31/2017	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.			Project		Not Started	10/01/2016	03/31/2017	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY4 Q2	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

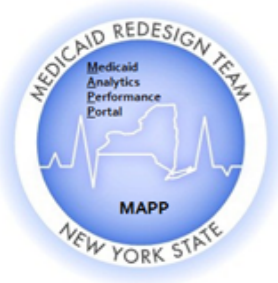


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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engagement.											
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY4 Q2	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY4 Q2	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.											
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	



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✓ IPQR Module 3.a.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.i.5 - IA Monitoring

Instructions :



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Project 3.a.ii – Behavioral health community crisis stabilization services

IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

<p>Risk: Awareness of new services and service delivery flow.</p> <p>Potential impact to the timeline: If patients are unaware of new services or how to access other current services outside of an emergency room visit the number of engaged patients could be delayed.</p> <p>Mitigation strategy: Education, training and community information sharing, possibly the use of media marketing will be tactics used to make sure patients and providers are aware of services and how to access them.</p> <p>Risk: Financially viable crisis services.</p> <p>Potential impact to the timeline: This risk has less potential impact to the initial timeline and possibly more impact as the DSRIP year's progress.</p> <p>Mitigation strategy: DSRIP funding will help get the program going. Having executed an awareness campaign well will help ensure that as DSRIP funding moves to more pay for performance that the project continues to be funded. Also the PPS working with Medicaid Managed Care to get crisis services covered as a billable or reimbursable service will be important to long-term viability.</p> <p>Risk: Lack of access to transportation, lack of access to transportation at non-peak service hours, the cost of transportation.</p> <p>Potential impact to the timeline: If patients are not able to get to a service location this would slow down the number of patients able to be engaged.</p> <p>Mitigation strategy: The PPS is looking at funding the purchase of vehicles as one way to mitigate this risk. Making sure Medicaid transportation is utilized where available will be important. Also using telemedicine in remote areas and having mobile crisis teams who can go to patients will assist with this risk.</p> <p>Risk: Staffing shortages.</p> <p>Potential impact to the timeline: If there is difficulty recruiting qualified staff to work on crisis projects this could delay implementing services.</p> <p>Mitigation strategy: In regions where project 3.a.iv is being implemented sharing and cross training staff will help with this risk. Also working closely with the Workforce Manager for the PPS to assist in recruitment of qualified staff will be an important strategy.</p> <p>Risk: Training needs.</p>



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Potential impact to the timeline: Depending on the number of staff to be trained or retrained this could slow down implementation or temporarily reduce capacity to serve patients.

Mitigation strategy: Working with partners to have staff trained to manage multiple crisis situations and provide staff safety training will be important. Working with partners to stagger ongoing training needs will help ensure adequate staffing is available to meet the patient demand for a program.

Risk: Access to secure messaging and/or EHR's.

Potential impact to the timeline: Depending on how long a technology solution takes to implement this could delay meeting certain deliverables for the project.

Mitigation strategy: The PPS contract with consultants to assist our HIT work group in looking at technology solutions. Finding the right technology to ensure crisis teams have access to secure messaging will be important. Also working with our partners to figure out how crisis teams will gain access to appropriate levels of EHR data will be done during the planning phase.

Risk: CRFP monies delayed or not approved.

Potential impact to the timeline: If organizations get funding but not in a timely manner this could delay projects.

Mitigation strategy: Organizations will need to have a backup plan in the event money is not approved or it is delayed.



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IPQR Module 3.a.ii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	7,845

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	0
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 3.a.ii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	DY3 Q4	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and list organization(s) that will perform crisis outreach.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Identify and list organization(s) that will execute mobile crisis services.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Identify and list organization(s) that will provide intensive crisis services.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Hold kick off meetings where project teams meet and review plans for implementation of a crisis intervention program.		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Ensure staff is licensed or designated by OMH/OASAS to provide specific crisis services described in the NYS Medicaid state plan.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Establish a marketing and promotion plan to market new crisis intervention program to the community, social service providers and health centers.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY3 Q4	Project	N/A	In Progress	07/01/2015	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	03/01/2016	06/30/2016	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify and list Health Homes, ER's and Hospitals in PPS.										
Task Establish agreements with these providers in PPS.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop diversion management protocols with referral mechanisms.		Project		In Progress	09/30/2015	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify all MCOs in the PPS.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Engage in payment negotiation with MCOs to get community crisis stabilization services covered.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute MOUs with MCOs.		Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop various written treatment protocols, must include coordinated care.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop and outline a training program to train staff on various treatment protocols.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4



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Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		In Progress	09/30/2015	03/31/2017	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish a written agreement with the hospital.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify and list areas that need improvement to psychiatric service.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement improvement steps.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	DY3 Q4	Project	N/A	In Progress	07/01/2015	09/30/2016	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Mental Health	In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish an agreement with the hospitals who will be expanding access to observation units.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Task Identify improvement areas and steps needed to improve, consider creation of respite centers in certain geographic regions.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement improvement steps identified.		Project		In Progress	03/01/2016	09/30/2016	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY3 Q4	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		In Progress	03/01/2016	06/30/2016	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify organization(s) and team members that will run mobile crisis.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify and develop evidence-based protocols which meet HCBS standards. Other protocols should include transition of care including personal contact by crisis team member, deployment of the mobile crisis team results in a team debrief of the circumstances that lead to the deployment and how crisis was handled.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish agreements for psychiatric and Addiction Medicine consultation services to the crisis team that include specific response times consistent with NYS and local regulatory body guidance.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop implementation plan for deployment of crisis mobilization unit.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and implement evidence based tools to assess risk and stabilize crises.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop or utilize written training materials and guidelines, evidence-based, for mobile crisis team(s).		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and outline a training program to train mobile crisis		Project		In Progress	03/01/2016	06/30/2016	03/01/2016	03/31/2017	03/31/2017	DY2 Q4



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teams on evidence based protocols and implementation plan.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Practitioner - Primary Care Provider (PCP)</u>	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	01/01/2016	03/31/2017	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	01/01/2016	03/31/2017	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	01/01/2016	03/31/2017	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on alerts and secure messaging.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY3 Q4	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		In Progress	03/01/2016	06/30/2016	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task List participating psychiatrists, mental health, behavioral health and substance abuse providers who will be part of the central triage service and develop agreements with them.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify organization(s) that will house a central crisis triage.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop policies and procedures for triage services that include access to hotlines, decision making tools that lead to clinically appropriate interventions and the ability to deploy staff rapidly.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a mechanism to report on the performance of the triage services.		Project		In Progress	09/30/2015	06/30/2016	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on triage protocols, must provide written training materials.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop an education and outreach campaign regarding the triage protocol and the value of triage and diversion for emergency responders, community shelters, schools, nursing homes, behavioral health, primary care providers and advocacy groups.		Project		In Progress	03/31/2016	06/30/2016	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	06/30/2016	06/30/2016	DY2 Q1



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behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Quality sub-committee will develop implementation plans.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality sub-committee will evaluate results of quality improvement initiatives.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner platform(s), others.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2a team and IT & Data Sharing Committee as needed.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	leebrad	Rosters	23_PMDL3803_1_4_20160425112003_2aii_3aii_Primary_Care_Providers.pdf	Supporting documentation for identified PCP's working with AHI PPS who could not be selected within task #8.2	04/25/2016 11:20 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	This milestone is the overarching milestone for Crisis Stabilization. Since the CRFP awards were announced on March 4, 2016 this milestone is being moved back to afford Partners the time to begin making renovations, or the time to develop an alternative plan for a crisis project in the respective region. Additionally, agreements for project funds have not been executed. Groups have been meeting and continue to meet on a regional basis to discuss plans for crisis stabilization services.
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	This milestone has been moved back because diversion protocols and referral procedures can only happen once crisis services are in place. A crisis program needs to be completed and services in place before diversion from the ED can happen. Regional Partners have been meeting to develop protocols and discuss a diversion plan, in conjunction with law enforcement.
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	CRFP for Glens Falls Hospital to build a community crisis stabilization center was recently announced. Glens Falls Hospital is prepared to begin renovations once the money is received. Services will need to be in place before evaluation can begin. GFH also plans to expand access to an observation unit as part of the Crisis Care Center.
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	This milestone has been moved back because many regional crisis stabilization projects are in the beginning stages of discussing protocols. One regional project was not awarded CRFP which would have housed a mobile crisis unit. Partners are discussing a new location. Another regional project that was awarded CRFP for a combined Detox/Crisis Unit has a site that requires extensive renovations before being able to house a mobile crisis team. Two projects currently with mobile crisis units have been meeting with other partners to develop collaborative care protocols and agreements.
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Narrative for M8 Task 2 DSRIP Project 3.a.ii - Please identify ALL Safety Net Providers involved in completion of this task- "EHR meets connectivity to RHIO's HIE and SHIN-Y requirements" for primary care practitioners please see attached inventory of primary care capabilities that was completed during the baseline assessment. The connectivity to RHIO's is documented on pages 8-14. All of our primary care providers are safety net providers, defined at > 30% of patient volume is Medicaid or managed Medicaid.
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Milestone moved back because many regional crisis stabilization projects are in the beginning stages, pending project funds. Many organizations do not have the infrastructure to house a Central Triage service, so the best location for 24 hour access is being discussed among Partners. A new priority is developing a new plan and finding a location for one project that was not awarded CRFP.
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #11	Pass & Ongoing	



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✓ IPQR Module 3.a.ii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



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IPQR Module 3.a.ii.5 - IA Monitoring

Instructions :



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Project 3.a.iv – Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs

✓ IPQR Module 3.a.iv.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

<p>Risk: In Plattsburgh finding a board certified addiction medicine MD. Potential impact to the timeline: Until an MD is on-boarded the implementation in Plattsburgh may not be able to begin. Mitigation strategy: A waiver will be sent with the ambulatory detox application to OASAS asking for time and support to get a certified MD.</p> <p>Risk: Staffing shortage. Potential impact to the timeline: Lack of staffing could slow down beginning the projects implementation. Mitigation strategy: There are 3 certified recovery coaches in Clinton County. A five day training will be brought to the region to increase the recovery coach pool. Also cross training staff with project 3.a.ii will assist in meeting the need for providers.</p> <p>Risk: Access to appropriate level of detoxification services. Potential impact to the timeline: If patients do not have access to the right level of service you risk having too many patients pushed into the wrong level of care and burdening the service and staff which would cause lack of timely access. Mitigation strategy: In Saranac Lake, Adirondack Health is going to work with St. Joseph's to convert five inpatient beds to be inpatient detox beds run by St. Joseph's. By increasing access to inpatient detox services, currently Canton-Potsdam Hospital is the closest inpatient detox and often has a wait list for services; patients who truly are appropriate for ambulatory detox will have better access to this service.</p> <p>Risk: Assessing what level of care patients need. Potential impact to the timeline: If patients are incorrectly assessed for service level this could over burden staff trying to manage patients who should be in a different setting, taking away from executing services for those who are appropriate for ambulatory detox. Mitigation strategy: Establishing policies, procedures, and protocols for assessment of patients and training staff will reduce this risk and help ensure patients are sent to the right level of care the first time and will have the best chance for successful detox and recovery.</p> <p>Risk: Lack of transportation. Potential impact to the timeline: If patients cannot get to a service, fewer patients would be served. Mitigation strategy: Providing staff with access to a transportation resource list will help ensure patients have a way to get to care.</p> <p>Risk: Integration of PCP teams in outpatient detox sites. Potential impact to the timeline: If a patient is not medically stable, or has an underlying medical condition that isn't being addressed this could cause delay in successful treatment. Mitigation strategy: The PPS has an extensive network of providers who can partner with the outpatient detox sites to meet this need.</p> <p>Risk: Having enough prescribers to meet the need for buprenorphine prescriptions. Potential impact to the timeline: Lack of prescribers would mean fewer patients could access services. Mitigation strategy: The PPS Workforce Manager will work closely with partner organizations to recruit for more prescribers based on the patient demand level.</p> <p>Risk: Incorporating care management services. Potential impact to the timeline: If patients do not have access to care coordination and resources to meet basic needs they may end up relapsing and then would need to reengage in detox services which could reduce the number of new patients who could benefit from services.</p>



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Mitigation strategy: Working with our Health Home providers to ensure there are enough care coordinators available to meet patient need will reduce the risk of patients going without coordination of care and access to resource assistance.

Risk: CRFP monies delayed or not approved.

Potential impact to the timeline: If organizations get funding but not in a timely manner this could delay projects. Mitigation strategy: Organizations will need to have a backup plan in the event money is not approved or it is delayed



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IPQR Module 3.a.iv.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	939

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	0
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 3.a.iv.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	DY4 Q2	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop community-based addiction treatment, ambulatory detox.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish community based addiction treatment project teams, including leaders of integrated primary care providers and other key partners (Hospitals, ER, mental health, health centers, social services, etc.)		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Obtain the licensure or waivers necessary in order to perform ambulatory detoxification services.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Obtain necessary space with appropriate medical equipment and ways to safely maintain medications.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Obtain written approval from OASAS for any space use alterations.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Hold kick off meetings with the project teams to discuss and review plans.		Project		Completed	10/01/2015	12/03/2015	10/01/2015	12/03/2015	12/31/2015	DY1 Q3
Task Plan for marketing and promotion of community based addiction treatment program services.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish integrated stabilization services, including social		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services.										
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	DY4 Q2	Project	N/A	In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Hospital	In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Mental Health	In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Substance Abuse	In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities.		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify all SUD treatment programs and obtain written agreements.		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify all inpatient detox programs and obtain written agreements.		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish a SUD provider group that includes community-based and inpatient providers that will meet regularly.		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop collaborative care protocols between community-based and inpatient treatment providers which include referral		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
procedures and care coordination with the continuum of recovery and treatment supports.										
Task Develop evidence-based practice guidelines for community withdrawal management services.		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implementation of referral procedures between community treatment programs and inpatient detoxification services.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	DY2 Q4	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create job description for a medical director, must have training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Post job opening.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Actively recruit for medical director.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Hold interviews for medical director position.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Offer position to qualified applicant.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute signed contract of employment.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	DY4 Q2	Project	N/A	In Progress	07/01/2015	03/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established relationships between inpatient		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2



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detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Hospital	In Progress	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Mental Health	In Progress	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Substance Abuse	In Progress	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop and maintain a complete list of SUD providers approved for outpatient medication management of opioid addiction, including community-based and inpatient.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify which providers of SUD services are willing to work collaboratively with care managers as well as continued maintenance therapy.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Obtain written agreements of collaborative service approach.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a referral procedure for these SUD providers.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	DY2 Q4	Project	N/A	Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place for		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community withdrawal management services.										
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop evidence-based care protocols for coordinated ambulatory detox from alcohol, opiates, and sedatives. Protocols should include acute care processes, referral processes with community partners		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish policies and procedures for how frequently updates to care protocols must be done.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop implementation plan across the region.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Train staff on ambulatory detox care protocols, must provide written training materials with a plan of continuing education.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop care management services within the SUD treatment program.	DY4 Q2	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Staff are trained to provide care management services within SUD treatment program.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop formal referral and care coordination agreements with continuum of recovery and treatment supports, working with existing HHS in PPS.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop evidence-based care protocols for care management within SUD treatment program.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop implementation plan across the region.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on care management services, must provide written training materials.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care managers have the knowledge to identify community support resources for patients with the SUD treatment program.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY4 Q2	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify all MCOs in the PPS.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Engage in payment negotiation with MCOs to get ambulatory detox services covered.		Project		Not Started	06/01/2016	03/31/2017	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute MOUs with MCOs.		Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify targeted patient population.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	Champlain Valley Family Center received funding through other sources besides CRFP funding for withdrawal management services. CVFC is expected to have a certified OASAS program in early 2017 and Citizens Advocates by October 2016. This is if all goes well with the release of funds and renovations go smoothly. Partners are also waiting for Master Agreements and Project Schedules with the PPS to be finalized.
Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	Milestone date pushed back because funding was delayed for the two ambulatory detox projects that require extensive renovations before services will be in place. Organizations don't currently have a detox program so the program will need certification from OASAS which means development of new protocols, policies, procedures and referral relationships. CVFC stated it will take at least 9 months and Citizen Advocates is expecting to be operational by October.
Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	
Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	Waiting for final Master Participation Agreements and Project Schedules between partners and AHI PPS which will outline detailed roles and responsibilities of an organization. Once executed, referral procedures and agreements between SUD providers will be established.
Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	
Develop care management services within the SUD treatment program.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
this project.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	



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✓ IPQR Module 3.a.iv.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



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IPQR Module 3.a.iv.5 - IA Monitoring

Instructions :



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Adirondack Health Institute, Inc. (PPS ID:23)

Project 3.g.i – Integration of palliative care into the PCMH Model

✓ IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

<p>Risk: Lack of qualified/credentialed professionals with palliative care knowledge and expertise.</p> <p>Potential impact to the timeline: Lack of providers means an inability to execute new and additional services in the palliative care arena.</p> <p>Mitigation strategy: Lack of providers means an inability to execute new and additional services in the palliative care arena.</p> <p>Risk: Historically palliative care services have not been utilized, are utilized infrequently, or not utilized as early on in a patient's case to increase the positive effects.</p> <p>Potential impact to the timeline: Lack of knowledge around palliative care in general could slow down referrals and delay the timeline.</p> <p>Mitigation strategy: Increase provider, patient, and community knowledge base around palliative care services.</p> <p>Risk: Cost effectiveness of palliative care.</p> <p>Potential impact to the timeline: Ensuring MCO's will pay for services may take negotiation of reimbursements and slow down getting patients into care.</p> <p>Mitigation strategy: Work with evaluators to develop a statistical model for demonstrating outcomes of palliative care projects and prove cost effectiveness of care.</p> <p>Risk: Smaller practices lack patient volume and resources to hire dedicated staff to support palliative care.</p> <p>Potential impact to the timeline: Under-resourced providers will be reluctant to provide palliative care as it will put additional strain on the practice, thus reducing the number of patients able to benefit from this service.</p> <p>Mitigation strategy: Potentially having central palliative care staff that can support multiple small practices would reduce the cost and burden.</p>



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IPQR Module 3.g.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	4,052

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	0
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 3.g.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	DY4 Q2	Project	N/A	Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.		Provider	<u>Practitioner - Primary Care Provider (PCP)</u>	Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify Palliative Care Project Champion (clinical leader)		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Ensure all primary care providers taking part in Project 3.g.i are also actively participating in Project 2.a.ii; Coordinate with Project 2.a.ii team to monitor progress.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Obtain signed agreements from primary care providers/practices demonstrating commitment to achieve at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify existing community and provider resources and define scope of services / support that they can provide.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify gaps in community & provider resources necessary to bring palliative services into the practice; acquire or develop additional resources as needed.										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.		Project		Not Started	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for palliative care eligibility and services. Include guidelines currently in use with PPS partners, and research best practices. Include a protocol to screen patients for appropriate implementation of the DOH 5003 MOLST form.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Team reviews info obtained in step 1, and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Clinical Quality Committee adopts eligibility and services guidelines.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	DY2 Q4	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.		Project		Not Started	03/31/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

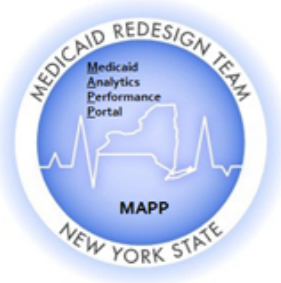


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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task In conjunction with Workforce Committee, assess workforce current knowledge of palliative care practices to identify specific training needs.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop the tools / resources needed to support dissemination of guidelines & protocols, including summaries, flowcharts, memos, slides, and other communication tools. Acquire or develop any additional content for the training needs identified in task #2.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop Palliative Care training plan, in conjunction with workforce committee. Plan must include materials to be utilized, dates of training occurrences and the number of employees who will be trained.		Project		In Progress	04/01/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish method to track palliative care training, dissemination of palliative care guidelines and protocols, and to monitor adherence to such protocols.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Provide training, maintain documentation, determine plan for on-going training needs.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	DY4 Q2	Project	N/A	In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.		Project		Not Started	09/30/2016	09/30/2017	09/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identify all MCOs in the PPS.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.		Project		Not Started	03/31/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Negotiate with MCOs to get palliative care supports and services covered.		Project		Not Started	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize agreements with MCOs for coverage of palliative care supports and services.		Project		Not Started	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Not Started	03/31/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		In Progress	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	dlarose	Other	23_PMDL5103_1_4_20160426093727_3gi_PCMH_2011_Inventory.pdf	3gi PCMH 2011 Inventory	04/26/2016 09:37 AM
	dlarose	Other	23_PMDL5103_1_4_20160426093544_3gi_M1Task1_Narrative.docx	3gi M1Task1 Narrative	04/26/2016 09:35 AM
	leebrad	Implementation Plan & Periodic Updates	23_PMDL5103_1_4_20160421121752_AHI_PPS_DSRI_P_Project_3.g.i._Palliative_Care_Physician_Roster.xlsx	Physician Roster	04/21/2016 12:17 PM



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	As of 3/31/2016, seven primary care practices in the AHI PPS have committed to integrating palliative care services into their practice model. These seven are comprised of five hospitals, one FQHC and one Health System. These practices will be participating in Project 2.a.ii as well as Project 3.g.i, so all are currently recognized to Level 2 of the PCMH 2011 standards and will achieve Level 3 PCMH 2014 by demonstration year 3. They have formalized their commitment and participation through the AHI Partner Intent form, AHI Terms of Participation and the AHI PPS Contract Package.
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	Task #2 MCOs identified within the AHI PPS service area: Capital District Physicians Health Plan, Inc; Empire HealthChoice HMO, Inc.; Excellus Health Plan, Inc.; Health Insurance Plan of Greater New York/Emblem Healthcare (Formerly GHI); HealthNow New York, Inc. /BlueSheild of NENY; MVP Health Plan, Inc.; New York State Catholic Health Plan, Inc./Fidelis Care; United HealthCare of Northern New York, Inc.
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	



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✓ IPQR Module 3.g.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



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IPQR Module 3.g.i.5 - IA Monitoring

Instructions :



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Adirondack Health Institute, Inc. (PPS ID:23)

Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

✓ IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The ability to strengthen the mental health and substance abuse system will require collaborative efforts with traditional and non-traditional providers to promote mental, emotional, and behavioral wellbeing. The AHI PPS faces a number of challenges with building an effective infrastructure. The challenges include:

- The AHI PPS covers a wide geography of nine counties and 11,000 square miles. A wide service area makes it difficult to provide trainings, especially if people have to travel multiple hours to attend a training session, which could reduce the number of individuals getting trained.
- Stereotypes, stigmas, and labels created by society and often the subject and/or story line of television drama often create feelings of embarrassment, unfair judgement, and whether real or perceived, unfair treatment. The result of a person with this type of response is the less active engagement in the care system.
- The time involved to develop and employ an appropriate method for handling data could prevent the PPS from meeting project deliverables according to plan.
- The time involved in developing training curriculum could have an impact on the speed at which trainers begin reach into the community.
- Attracting busy professionals already stretched by multiple priorities could prevent the PPS from implementing and executing the goals of the project.

AHI will mitigate the above challenges by:

- Strategically placing trainers throughout the PPS so more training can be offered in the areas the people needing to be trained live and work.
- Providing a safe training environment and practice use examples for how using informed approaches can improve a provider's work with patients this risk should be reduced.
- Accessing a data analyst and an evaluation manager to assist in creating the most effective model and process for collecting and distributing data.
- Using existing trainings and consultation with subject matter experts for curriculum design should provide a more streamlined approach and assist in getting trainers prepped and into the community sooner. Staggering the offerings of trainings will also allow for one curriculum to be delivered while another is being developed.
- Using DSRIP funding to incentivize or offset cost to the agency sending staff to training.



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IPQR Module 4.a.iii.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Participate in MEB health promotion and MEB disorder prevention partnerships.	In Progress	Partnerships	04/01/2015	03/31/2019	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify partners/organizations/agencies to be involved in a PPS wide (regional) MEB coalition.	Completed	This task is complete.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Form a PPS wide (regional) MEB coalition.	Completed	This group has formed and has met.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Write a mission statement for the PPS wide (regional)MEB coalition.	Completed	Write	11/30/2015	12/29/2015	11/30/2015	12/29/2015	12/31/2015	DY1 Q3
Task Hold quarterly PPS wide (regional) MEB coalition meetings.	Completed	Meet	04/01/2015	03/31/2019	04/01/2015	03/28/2016	03/31/2016	DY1 Q4
Task Form PPS sub region work groups that include key representatives from governmental agencies, healthcare, CBOs, and schools.	Not Started	Sub region form	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS sub region work groups to identify which training programs need to be executed based on the Community Needs Assessment data.	Not Started	ID trainings	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Obtain evidence-based MEB promotion and prevention resources.	In Progress	Resources	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify all MEB trainings that need to be offered.	In Progress	ID trainings	04/01/2015	06/30/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Research evidence-based models.	In Progress	Research	10/01/2015	09/30/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Purchase new evidence-based training materials as needed.	Not Started	Purchase	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Not Started	Use current	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Utilize current evidence-based models as appropriate.								
Milestone Have an MEB integration plan.	Not Started	Plan	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task The PPS wide MEB coalition will draft an integration plan that includes incorporating SEDL, trauma informed care, poverty constructs, and cross training for providers.	Not Started	Write	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS sub region work groups will review the draft integration plan and provide feedback to include additions, revisions, or deletions to draft.	Not Started	Review	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task The PPS wide MEB coalition will review feedback from the sub region work groups and make changes to the integration plan draft if needed.	Not Started	Edit from feedback	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task If needed a revised version of the integration plan will be reviewed by the sub region work groups for approval.	Not Started	Review for approval	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Once approval is given by the sub region work groups the PPS wide MEB coalition will finalize and distribute the MEB integration plan to the sub region project teams for use.	Not Started	Distribute	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Provide MEB health promotion and disorder prevention trainings.	In Progress	Deliver	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify locations/organizations/groups who need to be trained.	Not Started	Identify need	07/01/2016	09/30/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Write job description for staff members to be hired.	Completed	Jobs	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3
Task Hire staff in local regions who can execute trainings.	Not Started	Hire	04/01/2016	09/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task MEB coalition will to oversee the coordination and delivery of offered trainings/curriculums to a broad	Not Started	Oversight	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
audience (school age to professional, if appropriate) based on sub regions needs.								
Task Integrate evidence-based "kernels of knowledge" into training of health professionals so they acknowledge and reinforce desirable behaviors.	Not Started	Kernels	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone Share data and information on MEB health promotion and MEB disorder prevention and treatment.	Not Started	Data	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Measure local data on MEB well-being and MEB disorder prevention.	Not Started	Measure	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Make available local and state data on MEB well-being and MEB disorder prevention.	Not Started	Share	04/01/2017	03/31/2019	04/01/2017	03/31/2019	03/31/2019	DY4 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Participate in MEB health promotion and MEB disorder prevention partnerships.	
Obtain evidence-based MEB promotion and prevention resources.	
Have an MEB integration plan.	
Provide MEB health promotion and disorder prevention trainings.	
Share data and information on MEB health promotion and MEB disorder prevention and treatment.	



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :



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Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)

✓ IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Based upon the incidence of COPD and the number of people at risk for COPD, the need to increase access to high quality chronic disease preventive care and management is critical to detecting health problems early and prevent disease progression and complications. There are challenges with effectively achieving the goals of this project which include:

- The lack of evidence based guidelines in practice for COPD screening presents a need to assemble a team of providers and care managers spanning a nine county region to work together to develop and adopt across all settings a set of evidence based guidelines.
- The AHI PPS covers a wide geography of nine counties and 11,000 square miles. A wide service area makes it difficult to bring busy professionals together who need to travel upwards of three hours to attend a meeting in a central area.
- Training primary care physicians on the guidelines that are developed and adopted.
- Identifying the caliber of the spirometry equipment each site has and the extent to which the equipment is used with patients will vary across the region.

AHI is mitigating these challenges by:

- Using current project team members comprised of nurses, home care, and care managers to recruit physician experts to champion the effort to develop the guidelines.
- Holding working sessions in the northern region of the PPS and in the southern region of the PPS and by sharing a common working document. As the guidelines near completion, the group will meet as a whole to finalize and adopt.
- Gaining organizational support at the medical leadership level to adopt the guidelines.
- Reliance on the team to identify a standard list of spirometry equipment/vendors, develop a policy and procedure on spirometry testing, and training appropriate staff to do quality assurance will ensure all individuals have access to the needed service.



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✓ IPQR Module 4.b.ii.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Print media campaign is finalized to build public awareness about COPD prevention and programs	Not Started	finalize print media campaign	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Coordinate with partners about messaging A. Ads to target persons with, or at risk for COPD, as well as their family members, providers and caregivers. B. Ads to promote COPD resources.	Not Started	Coordinate with partners to target at risk populations and promote resources	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Contract with an advertising firm to create ads	Not Started	create ads	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Place ads in local media outlets throughout PPS region.	Not Started	place ads	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Re-evaluate media campaign to decide if different messaging or target population needs to be reached	Not Started	re-evaluate media campaign	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place	Not Started	care teams fully staffed/trained	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a training program for care managers that includes evidence based guidelines, management of COPD and preventative measures.	Not Started	develop training program	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop a guide for COPD resources that includes referrals to educational programs, NYS Smokers Quitline information, as well as the local tobacco cessation programs, and pulmonary	Not Started	develop resource guide for COPD	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
fitness programs.								
Task 3. Care managers are hired where needed in Primary Care settings to address COPD patients and needs in the community, utilizing Health Home Care Managers when appropriate.	Not Started	care managers available at PCP sites	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 3. Home monitoring equipment is acquired and fully deployed	Not Started	acquire and deploy home monitoring equipment	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Purchase appropriate home monitoring equipment for COPD patients.	Not Started	purchase appropriate equipment	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Train care managers and providers on home monitoring equipment.	Not Started	train care managers and providers	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Patient education on monitoring equipment and signed usage agreements in place.	Not Started	train patients and get agreements for use	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Tracking system for home monitoring equipment	Not Started	equipment tracking system	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD	In Progress	diagnosis and treatment guidelines	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a COPD best practice provider group through the Medical Home Initiatives in PPS.	Completed	develop a best practice provider group	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Hold meetings to discuss COPD evidence-based guidelines	Completed	meetings to discuss evidence based guidelines	10/28/2015	03/31/2016	10/28/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Adoption of regional guidelines to include early diagnosis and use of prevention for COPD	Not Started	adopt regional guidelines	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Implementation of evidence-based diagnosis and treatment guidelines in primary care settings.	Not Started	Implement diagnosis and treatment guidelines	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 5. Embedded clinical decision supports for evidence-based care are in place in EHR's/or population health management tools as applicable, all practices	In Progress	clinical decision supports in place	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Care managers are equipped with tablets or other mobile technologies to access EHR's when covering patients in rural regions.	Not Started	care managers equipped with mobile devices	01/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Adoption of EHR's to provide functionality and clinical decision support tools as well as provide patient reminders for preventative follow-up care.	In Progress	EHR's for functionality	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Coordinate with HIT Workgroup and project 2.a.ii to ensure EHR's meet RHIO's HIE and SHIN-NY requirements.	In Progress	coordinate with HIT and 2.a.ii	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Train staff on EHRs	Not Started	train staff on EHR's	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD	In Progress	skilled nursing facilities adopt guidelines	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. develop a COPD coalition with staff at skilled nursing facilities	Completed	COPD coalition with skilled nursing facilities	10/28/2015	12/31/2015	10/28/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Hold meetings to discuss COPD evidence-based guidelines for COPD.	Completed	hold meetings to discuss COPD evidence-based guidelines	12/14/2015	03/31/2016	12/14/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Adoption of regional evidence-based guidelines for COPD	Not Started	regional guidelines adopted	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Implementation of evidence-based diagnosis and treatment guidelines into skilled nursing facilities.	Not Started	implement guidelines into skilled nursing facilities	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 7. Supportive resources are established or enhanced	Not Started	establish or enhance supportive resources	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a COPD hotline.	Not Started	COPD hotline	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop peer-run/lead supports for groups with COPD	Not Started	peer-run support groups	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Not Started	develop educational program	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Educational program is developed for patients and families with COPD								
Task 4. Hire an educator to lead primary and secondary prevention activities across the region.	Not Started	hire educator to lead prevention activities	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 8. All primary sites are equipped with adequate spirometry testing	In Progress	adequate spirometry testing	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. List of primary sites and evaluation of spirometry equipment as needed	Completed	evaluate spirometry equipment	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Purchase spirometry equipment for sites	Not Started	purchase equipment	01/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Form an agreement these sites will use spirometry equipment	Not Started	agreement formulated for equipment use	01/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a policy and procedure on spirometry testing	Not Started	develop policy and procedure on spirometry testing	01/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Train appropriate staff on equipment policy and procedure.	Not Started	train staff on equipment policy and procedure	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 9. Opportunity to bring additional COPD services to more patients of the Adirondack Region	In Progress	additional services	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify tele-health program opportunities for selected COPD patients.	In Progress	tele-health for COPD	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Deployment of mobile primary care units to address transportation and geographic barriers. A. Certificate of Need will be obtained B. Mobile Units will be staffed C. Mobile units will be trained	Not Started	train mobile units, obtain certificate of need	01/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 10. Current pulmonary fitness programs expanded or developed in PPS	In Progress	assess, develop and expand current pulmonary fitness programs.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify, list and evaluate current pulmonary fitness programs in PPS	Not Started	identify, list and evaluate current pulmonary fitness programs	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Not Started	identify lacking pulmonary fitness programs	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2. Identify areas in PPS lacking pulmonary fitness programs.								
Task 3. Develop pulmonary fitness programs where the need has been identified	Not Started	develop programs where needed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Referral mechanism for patients with COPD to pulmonary fitness programs	Not Started	referral mechanism for COPD patients	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Print media campaign is finalized to build public awareness about COPD prevention and programs	
2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place	This will happen once the primary care offices decide if they will participate in the implementation of the GOLD standards. Once a COPD program is established, the care managers and other staff will be trained and incentivised. Training's for mid level staff and care managers are scheduled for May 2016.
3. Home monitoring equipment is acquired and fully deployed	
4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD	
5. Embedded clinical decision supports for evidence-based care are in place in EHR's/or population health management tools as applicable, all practices	
6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD	
7. Supportive resources are established or enhanced	
8. All primary sites are equipped with adequate spirometry testing	
9. Opportunity to bring additional COPD services to more patients of the Adirondack Region	



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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
10. Current pulmonary fitness programs expanded or developed in PPS	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 4.b.ii.3 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project
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Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

I here by attest, as the Lead Representative of the 'Adirondack Health Institute, Inc. ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.

Primary Lead PPS Provider:	ADIRONDACK HEALTH INSTITUTE INC
Secondary Lead PPS Provider:	
Lead Representative:	Cathy Homkey
Submission Date:	06/15/2016 11:30 AM

Comments:



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Adirondack Health Institute, Inc. (PPS ID:23)

Status Log				
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY1, Q4	Adjudicated	Cathy Homkey	sacolema	06/30/2016 05:08 PM



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Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The IA has adjudicated the DY1, Q4 Quarterly Report.	sacolema	06/30/2016 05:08 PM
Returned	The IA is returning the DY1, Q4 Quarterly Report for Remediation.	emcgill	05/31/2016 03:53 PM



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Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget Report (Baseline) - READ ONLY	✔ Completed
	IPQR Module 1.2 - PPS Budget Report (Quarterly)	✔ Completed
	IPQR Module 1.3 - PPS Flow of Funds (Baseline) - READ ONLY	✔ Completed
	IPQR Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY	✔ Completed
	IPQR Module 1.5 - Prescribed Milestones	✔ Completed
	IPQR Module 1.6 - PPS Defined Milestones	✔ Completed
	IPQR Module 1.7 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	✔ Completed
	IPQR Module 2.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 2.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 2.6 - Key Stakeholders	✔ Completed
	IPQR Module 2.7 - IT Expectations	✔ Completed
	IPQR Module 2.8 - Progress Reporting	✔ Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	✔ Completed
	IPQR Module 3.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 3.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 3.6 - Key Stakeholders	✔ Completed
	IPQR Module 3.7 - IT Expectations	✔ Completed
	IPQR Module 3.8 - Progress Reporting	✔ Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	✔ Completed
	IPQR Module 4.2 - PPS Defined Milestones	✔ Completed



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Section	Module Name	Status
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 4.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 4.6 - Key Stakeholders	✔ Completed
	IPQR Module 4.7 - IT Expectations	✔ Completed
	IPQR Module 4.8 - Progress Reporting	✔ Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	✔ Completed
	IPQR Module 5.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 5.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 5.6 - Key Stakeholders	✔ Completed
	IPQR Module 5.7 - Progress Reporting	✔ Completed
Section 06	IPQR Module 5.8 - IA Monitoring	
	IPQR Module 6.1 - Prescribed Milestones	✔ Completed
	IPQR Module 6.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 6.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 6.6 - Key Stakeholders	✔ Completed
	IPQR Module 6.7 - IT Expectations	✔ Completed
	IPQR Module 6.8 - Progress Reporting	✔ Completed
IPQR Module 6.9 - IA Monitoring		
Section 07	IPQR Module 7.1 - Prescribed Milestones	✔ Completed
	IPQR Module 7.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 7.5 - Roles and Responsibilities	✔ Completed



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Section	Module Name	Status
	IPQR Module 7.6 - Key Stakeholders	✔ Completed
	IPQR Module 7.7 - IT Expectations	✔ Completed
	IPQR Module 7.8 - Progress Reporting	✔ Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	✔ Completed
	IPQR Module 8.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 8.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 8.6 - Key Stakeholders	✔ Completed
	IPQR Module 8.7 - IT Expectations	✔ Completed
	IPQR Module 8.8 - Progress Reporting	✔ Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	✔ Completed
	IPQR Module 9.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 9.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 9.6 - Key Stakeholders	✔ Completed
	IPQR Module 9.7 - IT Expectations	✔ Completed
	IPQR Module 9.8 - Progress Reporting	✔ Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	✔ Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	✔ Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	✔ Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	✔ Completed
	IPQR Module 10.5 - IT Requirements	✔ Completed
	IPQR Module 10.6 - Performance Monitoring	✔ Completed
	IPQR Module 10.7 - Community Engagement	✔ Completed



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Section	Module Name	Status
	IPQR Module 10.8 - IA Monitoring	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending (Baseline)	✔ Completed
	IPQR Module 11.2 - Prescribed Milestones	✔ Completed
	IPQR Module 11.3 - PPS Defined Milestones	✔ Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 11.6 - Roles and Responsibilities	✔ Completed
	IPQR Module 11.7 - Key Stakeholders	✔ Completed
	IPQR Module 11.8 - IT Expectations	✔ Completed
	IPQR Module 11.9 - Progress Reporting	✔ Completed
	IPQR Module 11.10 - Staff Impact	✔ Completed
	IPQR Module 11.11 - Workforce Strategy Spending (Quarterly)	✔ Completed
IPQR Module 11.12 - IA Monitoring		



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Project ID	Module Name	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.i.2 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.i.3 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
2.a.ii	IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.ii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.a.ii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.ii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.ii.5 - IA Monitoring	
2.a.iv	IPQR Module 2.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.iv.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.a.iv.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.iv.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.iv.5 - IA Monitoring	
2.b.viii	IPQR Module 2.b.viii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.b.viii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.b.viii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.b.viii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.b.viii.5 - IA Monitoring	
2.d.i	IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.d.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.d.i.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.d.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.d.i.5 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.a.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.a.i.3 - Prescribed Milestones	✔ Completed



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Project ID	Module Name	Status
	IPQR Module 3.a.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.a.i.5 - IA Monitoring	
3.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.a.ii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.a.ii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.a.ii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.a.ii.5 - IA Monitoring	
3.a.iv	IPQR Module 3.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.a.iv.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.a.iv.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.a.iv.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.a.iv.5 - IA Monitoring	
3.g.i	IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.g.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.g.i.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.g.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.g.i.5 - IA Monitoring	
4.a.iii	IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 4.a.iii.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.a.iii.3 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 4.b.ii.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.b.ii.3 - IA Monitoring	



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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget Report (Baseline) - READ ONLY	Pass & Complete	
	Module 1.2 - PPS Budget Report (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds (Baseline) - READ ONLY	Pass & Complete	
	Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Ongoing	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Ongoing	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Pass & Ongoing	
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Pass & Ongoing		



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Section	Module Name / Milestone #	Review Status	
	Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	Pass & Ongoing	
	Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Ongoing	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Ongoing	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Ongoing	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Ongoing	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Ongoing	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Ongoing	
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Ongoing	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	



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Section	Module Name / Milestone #	Review Status	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Ongoing	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Ongoing	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Ongoing	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Ongoing	
	Milestone #5 Develop training strategy.	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing		
2.a.ii	Module 2.a.ii.2 - Patient Engagement Speed	Fail	
	Module 2.a.ii.3 - Prescribed Milestones		
	Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Pass & Ongoing	
	Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Pass & Ongoing	
	Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Pass & Ongoing	
	Milestone #9 Implement open access scheduling in all primary care practices.	Pass & Ongoing	
2.a.iv	Module 2.a.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.a.iv.3 - Prescribed Milestones		
	Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Ongoing	
	Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	Pass & Ongoing	
	Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
	Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Ongoing	
2.b.viii	Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	Pass & Ongoing	
	Module 2.b.viii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.viii.3 - Prescribed Milestones		
	Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Pass & Ongoing	
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Pass & Ongoing		



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Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Pass & Ongoing	
	Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	Pass & Ongoing	
	Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Pass & Ongoing	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Ongoing	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Ongoing	
	Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	Pass & Ongoing	
	Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Pass & Ongoing	
	Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Pass & Ongoing	
	Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Ongoing	
	Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
	2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Fail
Module 2.d.i.3 - Prescribed Milestones			
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.		Pass & Ongoing	
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.		Pass & Ongoing	
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.		Pass & Ongoing	
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.		Pass & Ongoing	
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.		Pass & Ongoing	
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). <ul style="list-style-type: none"> This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 		Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Pass & Ongoing	
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Ongoing	
	<p>Milestone #9 Measure PAM(R) components, including:</p> <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	Pass & Ongoing	
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Ongoing	
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Pass & Ongoing	
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Ongoing	
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Ongoing	
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Ongoing	
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Ongoing	
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Ongoing	
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing		
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Ongoing	
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion	Pass & Ongoing		



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Project ID	Module Name / Milestone #	Review Status	
	of access to specialty psychiatric and crisis-oriented services.		
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing	
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Ongoing	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.a.iv	Module 3.a.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.iv.3 - Prescribed Milestones		
	Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	Pass & Ongoing	
	Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	Pass & Ongoing	
	Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	Pass & Ongoing	
	Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	Pass & Ongoing	
	Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	Pass & Ongoing	
	Milestone #6 Develop care management services within the SUD treatment program.	Pass & Ongoing	
	Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.g.i	Module 3.g.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.g.i.3 - Prescribed Milestones		
	Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	Pass & Ongoing	
	Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Pass & Ongoing	
	Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Pass & Ongoing	
	Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	Pass & Ongoing	
	Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
4.a.iii	Module 4.a.iii.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing	



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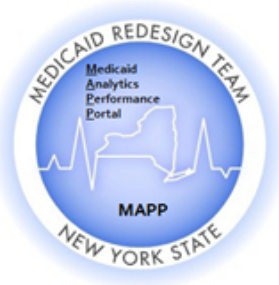
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Providers Participating in Projects

	Selected Projects										
	Project 2.a.i	Project 2.a.ii	Project 2.a.iv	Project 2.b.viii	Project 2.d.i	Project 3.a.i	Project 3.a.ii	Project 3.a.iv	Project 3.g.i	Project 4.a.iii	Project 4.b.ii
Provider Speed Commitments	DY3 Q4	DY3 Q4	DY4 Q2	DY3 Q4	DY2 Q4	DY4 Q2	DY3 Q4	DY4 Q2	DY4 Q2		

Provider Category		Project 2.a.i		Project 2.a.ii		Project 2.a.iv		Project 2.b.viii		Project 2.d.i		Project 3.a.i		Project 3.a.ii		Project 3.a.iv		Project 3.g.i		Project 4.a.iii		Project 4.b.ii	
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	
Practitioner - Primary Care Provider (PCP)	Total	268	240	268	240	268	0	268	0	268	0	268	123	268	0	0	0	268	123	0	0	0	0
	Safety Net	21	13	21	13	21	0	21	0	21	13	21	3	21	0	0	0	21	3	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	688	595	1	0	0	0	0	0	0	0	688	69	0	0	0	0	688	69	0	0	0	0
	Safety Net	44	43	0	0	0	2	0	14	0	43	44	19	0	0	0	0	44	19	0	0	0	0
Hospital	Total	10	9	7	0	5	0	6	0	4	0	6	0	4	0	10	1	6	0	1	0	6	0
	Safety Net	9	9	6	0	4	3	5	8	3	9	5	0	3	3	9	1	5	0	0	0	5	0
Clinic	Total	27	23	27	23	27	0	27	0	27	0	27	11	27	0	27	3	27	7	1	0	3	0
	Safety Net	22	21	22	21	22	0	22	0	22	21	22	11	22	4	22	3	22	5	0	0	2	0
Case Management / Health Home	Total	32	14	0	0	0	0	3	0	3	0	5	0	6	0	32	1	3	0	3	0	3	0
	Safety Net	10	10	0	0	0	0	1	0	1	0	3	0	4	4	10	1	1	0	2	0	1	0
Mental Health	Total	137	119	1	0	0	0	0	0	2	0	137	19	4	0	137	12	0	0	3	0	0	0
	Safety Net	30	23	1	0	0	2	0	3	2	0	30	7	4	6	30	3	0	0	3	0	0	0
Substance Abuse	Total	16	14	0	0	2	0	0	0	3	0	16	4	3	0	16	3	0	0	3	0	0	0
	Safety Net	16	14	0	0	2	2	0	1	3	0	16	4	3	3	16	3	0	0	3	0	0	0
Nursing Home	Total	23	21	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	4	0
	Safety Net	23	17	0	0	0	0	0	10	1	0	0	0	0	0	0	0	2	0	0	0	4	0
Pharmacy	Total	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	5	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Hospice	Total	5	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	5	2	0	0	0	0



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Provider Category		Project 2.a.i		Project 2.a.ii		Project 2.a.iv		Project 2.b.viii		Project 2.d.i		Project 3.a.i		Project 3.a.ii		Project 3.a.iv		Project 3.g.i		Project 4.a.iii		Project 4.b.ii	
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	
	Safety Net	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Community Based Organizations	Total	14	23	0	0	1	0	4	0	6	0	1	5	3	0	2	1	3	5	4	0	3	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other	Total	633	324	4	0	1	0	7	0	0	0	632	17	0	0	633	4	632	9	0	0	6	0
	Safety Net	106	62	0	0	0	5	3	14	0	62	106	17	0	6	106	4	106	9	0	0	4	0
Uncategorized	Total	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dlarose	Other	23_1_4_20160614161002_DY1Q4_Remediation_Budget_FF_Attestation.pdf	Budget FF Attestation	06/14/2016 04:10 PM
dlarose	Other	23_1_4_20160614160510_Budget_PIT_Remediation_Narrative_20160614_Final.docx	Budget/PIT Remediation Narrative	06/14/2016 04:05 PM
dlarose	Other	23_1_4_20160614142921_IPP_Module_1.8_Ongoing_Funds_Flow_PIT_Report_Remediation.xlsx	Module 1.8 Revised document for Remediation	06/14/2016 02:30 PM
dlarose	Other	23_1_4_20160614130112_Q4_PIT_File_Template_for_add_ons_Remediation.xlsx	Q4 Remediation PIT Template for add-ons	06/14/2016 01:02 PM
dlarose	Other	23_1_4_20160429101442_Q4_PIT_File_Template_for_add_ons.xlsx	AHI PPS DY1Q4 PIT Template for add on Providers	04/29/2016 10:15 AM
dlarose	Other	23_1_4_20160429100323_IPP_Module_1.8_Ongoing_FF_PIT_Report_20160428.xlsx	Module 1.8 Ongoing FF	04/29/2016 10:04 AM

Narrative Text :